

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

The Australian Government, through Outcome 10, aims to improve the long-term capacity and the quality and safety of Australia's health care system. It will achieve this by improving the management of chronic disease, including supporting the fight against cancer, supporting electronic health system reform, improving health information programs, engaging in international forums, improving access to palliative care, supporting health and medical research, and improving infrastructure through the Health and Hospitals Fund.

As part of the *National Health and Hospitals Network Agreement*¹, the Australian Government will require strong, national standards and unified reporting. The Australian Commission on Safety and Quality in Health Care will set the National Clinical Safety and Quality Standards for the delivery of health services. This will involve monitoring quality and safety in the health system, working with clinicians to identify best practice in clinical care, and ensuring safety and appropriateness of services being delivered in a particular setting.

In 2010-11, as part of the Australian Government's initiative to reform the health and hospital system, the Government will provide \$466.7 million over two years to support the design and development of a personally controlled electronic health record system. The national system will provide the infrastructure, standards and tools to enable an individual's key health information to be securely available when and where it is required for their care across the health and hospital system. With the patient's permission, key health information may be viewed by their authorised participating healthcare providers across different locations and care settings. The Government will also promote the use of Healthcare Identifiers through the development and implementation of a legislative framework to support their use in health services delivery and will work with states and territories to promote the use of eHealth tools and standards.

The Australian Government is committed to providing a world-class health system, which is able to meet contemporary health care needs. To achieve this, the Government will invest in health infrastructure to provide patients with the care and treatment they need. The Government will also invest in health and medical research, and translate research findings into clinical care.

The Australian Government will promote the exchange of information among states and territories, engage with international organisations and participate in relevant international, regional and bilateral forums on health issues.

The management of chronic disease, including the fight against cancer, will be improved through support for evidence-based best practice, infrastructure investment, and by controlling the incidence of preventable diseases. The Government will improve access to

¹ At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

palliative care by promoting better planning, delivery and coordination of health services and developing an integrated palliative care system.

In addition to the measures reported under this Outcome, the Government is reforming the health system to increase the emphasis on preventative health: keeping people healthy and out of hospital. Outcome 1, Population Health, outlines the Government's preventative measures to tackle lifestyle risks, such as smoking, alcohol misuse, poor diet, lack of physical activity and unhealthy body weight.

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

Programs Contributing to Outcome 10

Program 10.1: Chronic disease – treatment

Program 10.2: e-Health implementation

Program 10.3: Health information

Program 10.4: International policy engagement

Program 10.5: Palliative care and community assistance

Program 10.6: Research capacity

Program 10.7: Health infrastructure

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

	2009-10 Estimated actual \$'000	2010-11 Estimated expenses \$'000
Program 10.1: Chronic disease - treatment¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	66,963	45,079
Special accounts		
Health and Hospital Fund Health Portfolio Special Account ²	37,287	392,533
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,919	5,907
Revenues from other sources (s31)	85	89
Unfunded depreciation expense	-	102
Total for Program 10.1	109,254	443,710
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	51,289	233,475
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	9,435	11,332
Revenues from other sources (s31)	164	171
Unfunded depreciation expense	-	196
Total for Program 10.2	60,888	245,174
Program 10.3: Health information		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	8,024	7,792
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	39	46
Revenues from other sources (s31)	1	1
Unfunded depreciation expense	-	1
Total for Program 10.3	8,064	7,840
Program 10.4: International policy engagement		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	13,086	14,386
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	25	30
Revenues from other sources (s31)	-	-
Unfunded depreciation expense	-	1
Total for Program 10.4	13,111	14,417

Budget Statements – Department of Health and Ageing

Table 10.1 Total expenses available for Outcome 10 (cont.)

	2009-10 Estimated actual \$'000	2010-11 Estimated expenses \$'000
Program 10.5: Palliative care and community assistance		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	26,545	28,062
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,172	5,010
Revenues from other sources (s31)	72	76
Unfunded depreciation expense	-	87
Total for Program 10.5	30,789	33,235
Program 10.6: Research capacity		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	27,537	20,351
to Safety and Quality in Health Care Special Account	(5,500)	(5,500)
Special accounts		
Health and Hospital Fund Health Portfolio Special Account ²	40,000	159,000
Safety and Quality in Health Care Special Account	13,819	11,000
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	97	116
Revenues from other sources (s31)	2	2
Unfunded depreciation expense	-	2
Total for Program 10.6	75,955	184,971
Program 10.7: Health infrastructure		
Administered expenses		
Special accounts		
Health and Hospital Fund Health Portfolio Special Account ²	356,500	401,100
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	996	1,196
Revenues from other sources (s31)	17	18
Unfunded depreciation expense	-	21
Total for Program 10.7	357,513	402,335
Outcome 10 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	193,444	349,145
to Safety and Quality in Health Care Special Account	(5,500)	(5,500)
Special accounts ²	447,606	963,633
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	19,683	23,637
Revenues from other sources (s31)	341	357
Unfunded depreciation expense	-	410
Total expenses for Outcome 10	655,574	1,331,682
	2009-10	2010-11
Average staffing level (number)	124	136

¹ This Program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

Section 2 – Department Outcomes – 10 Health System Capacity and Quality

² Expense to the states and territories included in this program are made by the Treasury. For more detailed estimates relating to this program refer Budget Paper 3.

Outcome | 10

Contributions to Outcome 10

Program 10.1: Chronic disease – treatment

Program Objective

The Australian Government, through this Program, aims to:

- improve the management of chronic diseases, such as asthma, diabetes, cardiovascular and musculoskeletal disease;
- close the gap in Indigenous health outcomes; and
- improve detection, treatment and survival outcomes for people with cancer through infrastructure support.

Major Activities

Improve chronic disease management

The Australian Government is committed to improving chronic disease management by reducing the incidence of preventable chronic disease and the prevalence of lifestyle risk factors in the population.

Monitoring

In 2010-11, the Department will continue to monitor the prevalence of chronic disease. The Government will achieve this by supporting chronic disease management and control, and by funding data monitoring and surveillance centres. The Australian Institute of Health and Welfare (AIHW)² will produce data-based publications and online statistics to support evidence-based clinical decision making. AIHW will also undertake further research and policy development with the aim of improving health outcomes in Australia. The Australian Health Survey, described in Outcome 1 and Program 10.3 of this chapter, will provide an important source of information to assist AIHW in its monitoring and reporting of the health of Australians.

Asthma management

Through the Asthma Management program, the Australian Government aims to reduce the personal, social and economic impact of asthma and linked respiratory conditions such as chronic obstructive pulmonary disease. This will be achieved by encouraging proactive management of respiratory conditions and facilitating best practice treatment. The Department will support the development of a skilled primary health care workforce that is well-equipped to deliver high quality, patient-centred, best practice asthma care. This will be through the General Practitioner and Allied Health Professional Asthma and Respiratory Education program, delivered by the National Asthma Council Australia.

The Government will continue to fund the Asthma Foundations of Australia to provide community-based information and support for optimal asthma self-management. This will be rolled out nationally in schools and preschools through the Community Support program and the Asthma Child and Adolescent program. In 2010-11, the Department will undertake a mid-term review of the Asthma Management program, the outcomes of which will inform future activities.

² For further information on AIHW, please refer to AIHWs chapter in these Portfolio Budget Statements.

Better arthritis and osteoporosis care

Following an evaluation of the Better Arthritis and Osteoporosis Care initiative in 2009-10, the Department will design and implement a new four-year phase of the program in partnership with key stakeholder organisations. The new program will focus on prevention, primary care and evidence-based, patient-centred disease management. It is anticipated that the Department will commence implementation of this program in 2010-11.

Closing the gap in Indigenous health outcomes

Health and wellbeing

In 2010-11, the Department will fund Aboriginal Community Controlled Health Organisations and other health providers to employ 42 healthy lifestyle workers. The healthy lifestyle workers will work with the new Indigenous Tobacco Action workforce³ and other health workers in Aboriginal and Torres Strait Islander communities to improve nutrition, increase physical activity and reduce smoking and alcohol abuse through information sessions and other health promotion activities.

Chronic disease self-management support

In 2010-11, the Department will fund training for 100 health workers on chronic disease self-management support, tailored for Aboriginal and Torres Strait Islander individuals and families. Once trained, the workers will be able to help Indigenous Australians manage chronic conditions, and improve and maintain their lifestyles through activities such as low impact exercise and movement, better diet choices and motivation for long-term change.

Improve detection and treatment of cancer

The Australian Government will continue to reduce the impact of cancer in Australia by improving access to cancer treatment and support for people living with cancer, their families and carers. In undertaking this work, the Department will continue to collaborate with Cancer Australia⁴, which provides national leadership in cancer control. The Government will continue to fund construction of the Olivia Newton-John Cancer and Wellness Centre in Melbourne, Victoria and the Children's Cancer Centre in Adelaide, South Australia. The McGrath Foundation will continue to be funded by the Government for placement of breast care nurses across Australia.

Under the Health and Hospitals Fund, the Government will continue funding for integrated cancer centres in Sydney and Melbourne. Lifehouse at the RPA: the Chris O'Brien Cancer Centre in Sydney and the Parkville Comprehensive Cancer Centre in Melbourne will provide state-of-the-art cancer treatment combined with cutting edge research.⁵ The work of Lifehouse will be supported by the Garvan St Vincent's Cancer Centre, which has also received funding through the Health and Hospitals Fund.

Through the Health and Hospitals Fund, funding has been allocated to the Regional Cancer Centres initiative to help improve access and support for cancer patients in rural, regional and remote Australia, and to help close the gap in cancer outcomes between the city and the country. The initiative is part of the Government's plan to build a world-class cancer care system in Australia that will enable rural and regional communities to have better access to

³ For more information on this Government initiative, please refer to Program 1.3 in these Portfolio Budget Statements.

⁴ For further information on Cancer Australia, refer to Cancer Australia's chapter in these Portfolio Budget Statements.

⁵ These large, national centres will provide the experience and quality of care necessary to treat rare and complex kinds of cancer.

essential cancer services, deal more effectively with cancer treatment challenges, and live longer with a better quality of life.

Seventeen successful projects were announced by the Government in April 2010. These projects, funded under the initiative, will deliver improved services for rural and regional patients. A list of the successful projects is on the Department's website.⁶ In 2010-11, the Government will continue to work with the successful applicants to progress these projects.

The Government will continue to fund CanTeen to establish youth cancer networks across Australia to improve services, support and care for adolescents and young adults with cancer. The networks are expected to establish robust linkages between medical and psychosocial cancer services for adolescents and young adults at the local level, and link the local networks to a national network.

To support the development of improved diagnostic tests, screening tools and treatments for prostate cancer, the Department will continue to monitor the implementation of the research programs of the Australian Government-funded Epworth and Queensland University of Technology Prostate Cancer Research centres.

The Government will support the National Breast and Ovarian Cancer Centre (NBOCC) in its work in breast and ovarian cancer control.⁷ It will also continue to assist Breast Cancer Network Australia in the provision of information and support to people with breast cancer through funding to produce, promote and disseminate breast cancer resources.

The Department will also work collaboratively with Victoria to lead work, under the auspices of Health Ministers, to report to COAG in 2011, on the most effective cancer diagnosis, treatment and referral protocols. This work will be developed with expert clinical input.

The Australian Government supports the early detection of breast cancer through funding from the Health and Hospitals Fund⁸, for the national roll-out of digital mammography technology in BreastScreen Australia services. In 2010-11, the Department will support states and territories to purchase and install new digital technology to provide improved diagnostic services to patients.

Program 10.1 is linked as follows:

- This program includes National Partnerships payments for:
 - *Children's cancer centre, Adelaide;*
 - *Health and Hospital Fund - national cancer statement; and*
 - *Olivia Newton-John cancer centre, Melbourne.*

These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

⁶ Accessible at: www.health.gov.au

⁷ For more information on this Government initiative, please refer to NBOCC's chapter in these Portfolio Budget Statements.

⁸ For more information on this Government initiative, please refer to Program 10.7 in these Portfolio Budget Statements.

Program 10.1: Expenses

Table 10.2: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	66,963	45,079	40,969	47,626	46,310
Special account expenses					
Health and Hospital Fund					
Health Portfolio ¹	37,287	392,533	426,057	327,711	48,726
Program support	5,004	6,098	5,707	4,882	4,932
Total Program expenses	109,254	443,710	472,733	380,219	99,968

¹ Expense to the states and territories included in this program are made by the Treasury. For more detailed estimates relating to this program refer Budget Paper 3.

Program 10.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 10.3: Qualitative Deliverables for Program 10.1

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Closing the gap in Indigenous health outcomes	
Cross-sector engagement of healthy lifestyle workers program with nutrition support and other preventative programs	Healthy lifestyle workers are able to provide and/or refer Aboriginal and Torres Strait Islander peoples to local nutrition and physical activity programs and resources

Table 10.4: Quantitative Deliverables for Program 10.1

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Closing the gap in Indigenous health outcomes					
Number of new Healthy Lifestyle Workers employed ⁹	N/A	42	72	105	105
Improve detection and treatment of cancer					
Number of breast care nurses employed ¹⁰	30	30	30	19	N/A

Program 10.1: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 10.5: Qualitative Key Performance Indicators for Program 10.1

Qualitative Indicators	2010-11 Reference Point or Target
Improve chronic disease management	
Improved chronic disease surveillance and monitoring	Best practice analysis of trends and patterns in health information systems and the resultant delivery of work plan items
Asthma Management program reduces the personal, social and economic impact of asthma and linked chronic respiratory conditions	An evaluation of the program scheduled for completion in June 2011 concludes that program reduces the impact of asthma and linked chronic respiratory conditions
Development of framework for future directions	Evaluation of the Better Arthritis and Osteoporosis Care initiative as measured by the development of a plan for activities post 30 June 2010

⁹ Funding for this activity does not commence until 2010-11. Figures are cumulative in line with reporting requirements.

¹⁰ The Australian Government’s \$12 million to the McGrath Foundation allows for the placement of a breast care nurse in 44 communities across Australia. Not all nurses commenced employment at the start of this measure in 2008-09. As a consequence of the late commencement of some nurses and the requirement for four year employment contracts, funding for this measure has been extended to 2012-13. In 2012-13, the last year of this measure, 19 nurses will remain under contract.

Qualitative Indicators	2010-11 Reference Point or Target
Closing the gap in Indigenous health outcomes	
Increased awareness and engagement of Indigenous communities in chronic disease prevention	Levels of awareness and engagement on positive chronic disease prevention activity in Indigenous communities as reported by Healthy Lifestyle workers

Table 10.6: Quantitative Key Performance Indicators for Program 10.1

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Closing the gap in Indigenous health outcomes					
Number of health professionals trained in chronic disease self-management support ¹¹	0	100	250	400	400
Improve detection and treatment of cancer					
Percentage of breast care nurses employed through the program ¹²	100%	100%	100%	100%	N/A

Outcome | 10

Program 10.2: e-Health implementation

Program Objective

The Australian Government, through this Program, aims to:

- provide national leadership in electronic health (eHealth) to improve health system standards and infrastructure;
- promote the use of Healthcare Identifiers to improve safety and quality outcomes for health care providers and consumers; and
- support the design and development of a personally controlled electronic health record system to increase the availability of health care information for consumers and health care providers when and where it is needed across the healthcare system.

¹¹ Funding does not commence until 2010-11. Figures are cumulative in line with reporting requirements.

¹² Funding ceases 2012-13 due to re-profiling.

Major Activities

National eHealth leadership

The Australian Government will provide leadership in eHealth by demonstrating to the community its benefits in health care safety and quality. The importance of eHealth is recognised around the world as an opportunity to fundamentally reshape and improve health service delivery. Implementing eHealth has the capacity to change the way in which practitioners interact with each other and with patients, leading to a more timely, patient-centred health care system. In 2010-11, the Department will work closely with state and territory governments, professional groups and consumers, to support the development and implementation of eHealth capabilities.

The Australian Government, in partnership with state and territory governments, supports the National E-Health Transition Authority (NEHTA) by funding it to develop national eHealth standards. NEHTA will deliver key eHealth building blocks to support the safe and secure electronic exchange of patient information and will develop national eHealth standards to enable the compatibility of eHealth systems. In 2010-11, the Government will continue to provide incentives to general practices to promote the use of eHealth tools and systems through the Practice Incentives program.¹³ As general practitioners (GPs) are increasingly able to send and receive information securely and quickly, consumers benefit from necessary information being available as required. Through the Fifth Community Pharmacy Agreement commencing in 2010-11, the Australian Government will provide funding to pharmacies for dispensing prescriptions that are generated electronically by prescribers.¹⁴

Promote the use of Healthcare Identifiers

In 2010-11, the Department will promote the use of Healthcare Identifiers and develop and implement a legislative framework to support their use in health services delivery. The Department, through NEHTA, has contracted Medicare Australia to manage the Healthcare Identifiers service and assign identifiers to all Australian residents, health care providers and health care organisations during 2010-11. The legislative framework includes governance arrangements, permitted uses and privacy safeguards. The Healthcare Identifiers will provide a unique identification system to ensure individuals and providers have confidence that health information is linked with the correct individual at the point of care.

Public confidence in the Healthcare Identifiers will influence the take-up and use of the system. Consumers and health care providers will be supported through the provision of information and assistance by Medicare Australia.

Support the design and development of a personally controlled electronic health record system

In 2010-11, the Australian Government in consultation with states and territories and other key stakeholders, will commence the design and development of a personally controlled electronic health record system to improve the flow and availability of health information.

The personally controlled electronic health record system will provide the infrastructure, standards and tools to enable an individual's key health information to be securely available when and where it is required for their care across the health and hospital system. With the

¹³ For further information on this program, please refer to Program 5.4: Primary care practice incentives, in these Portfolio Budget Statements.

¹⁴ For further information on this program, please refer to Program 2.1: Community and pharmaceutical awareness, in these Portfolio Budget Statements.

patient's permission, key health information may be viewed by their authorised participating health care providers across different locations and care settings. Using the national secure system individuals, if they choose, will be able to access their own health care information and to permit health care providers to access and use this information, when and where it is needed, to provide better coordinated and effective care for the individual. This will be particularly important for people with chronic and complex conditions and for those needing team-based care or to transfer across health care settings.

The national system will provide: summaries of patients' health information drawn from information systems distributed across the health system; a mechanism to enable consumers to locate their health record information regardless of where it is physically located; and solutions that will enable Australian consumers and authorised health care providers to securely access their personally controlled electronic health records via the internet. The funding will also enable governance and oversight of the national work program, to address required delivery accountabilities, and ensure appropriate clinical quality and safety outcomes and a national change management framework tailored to meet local community needs.

An individual's personally controlled electronic health record will not replace or hold all the information contained in doctors' and other health providers' records. The personally controlled electronic health record system will provide a summary view of an individual's health information, and access to key clinical data such as demographic information, conditions, treatments, medications, test results, allergies and alerts. Australians will be able to choose whether or not to have a personally controlled electronic health record, and if patients choose, they can specify information that can be viewed and by whom. Commencing in 2012-13, individuals will be able to register for a personally controlled electronic health record online.

The personally controlled electronic health record system will help reduce the human and financial costs associated with poor information availability across the health system. For example, it will help reduce avoidable hospital admissions, adverse health care incidents relating to medication mismanagement, and the need for duplicate tests and procedures because original results are not available between care settings.

In 2010-11, the Department will consult with various stakeholder groups including consumers, healthcare providers and the health information sector, to assist with the planning, design and development of a personally controlled electronic health record system. The Department will also develop the national governance and legislative requirements required to support a national system. The Department will continue to support the development of secure messaging specifications to assist the use of electronic referrals, prescribing and discharge summaries between participating health care providers to deliver tangible benefits for patients and clinicians ahead of the system rollout commencing in 2012-13.

The secure system is being developed with support from all states and territories and NEHTA. This initiative builds on the National e-Health Strategy endorsed by the Australian Health Ministers' Conference in 2008. In 2010-11, the Department will consult extensively with community and industry to inform the design of a national system and develop specific legislation to ensure the privacy and security of the system.

In April 2010, the Australian Health Ministers' Conference endorsed the business case which underpins the implementation of the national system and COAG agreed to discuss the implementation phase as a priority. The Australian Government will continue to provide national leadership in developing a personally controlled electronic health record system.

Program 10.2 is linked as follows:

- Medicare Australia (Department of Human Services) to administer the Healthcare Identifiers service and promote the use of Healthcare Identifiers, under its Delivery of other Benefits and Services (Program 1.3).

Program 10.2: Expenses

Table 10.7: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	51,289	233,475	329,441	23,313	23,731
Program support	9,599	11,699	10,946	9,363	9,458
Total Program expenses	60,888	245,174	340,387	32,676	33,189

Program 10.2: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 10.8: Qualitative Deliverables for Program 10.2

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
National eHealth leadership	
Develop national eHealth standards	National eHealth standards for electronic transfer of prescriptions completed
Promote the use of Healthcare Identifiers	
Healthcare Identifiers available to health care providers and consumers for use in the transfer of health information	Healthcare Identifiers available to providers and consumers from July 2010 following passing of legislation
Appropriate use of, and access to, Healthcare Identifiers ensured	Ministerial Council oversight sought as required and funding allocated to Federal Privacy Commissioner for investigation of complaints in a timely manner

Qualitative Deliverables	2010-11 Reference Point or Target
Support the design and development of a personally controlled electronic health record system	
Design and develop infrastructure to support a personally controlled electronic health record system	Implementation plan agreed by Health Ministers, infrastructure agreed and legislation requirements identified

Table 10.9: Quantitative Deliverables for Program 10.2

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Promote the use of Healthcare Identifiers					
Number of general practices provided with incentives to promote the use and uptake of eHealth	4,200	4,300	4,350	4,400	4,450

Outcome | 10

Program 10.2: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 10.10: Qualitative Key Performance Indicators for Program 10.2

Qualitative Indicators	2010-11 Reference Point or Target
National eHealth leadership	
Support for the National E-Health Transition Authority’s (NEHTA) work program	Australian Health Ministers’ Conference accepts NEHTA’s work program
Promote the use of Healthcare Identifiers	
Support provided to health care professionals to access the Healthcare Identifiers service	Health care providers able to access and use the Healthcare Identifiers service in a timely manner

Table 10.11: Quantitative Key Performance Indicators for Program 10.2

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Promote the use of Healthcare Identifiers					
Percentage of Australians whose Healthcare Identifier has been activated ¹⁵	N/A	10%	20%	50%	70%
Number of Individual Health Identifiers utilised by providers ¹⁵	N/A	2.2m	4.4m	11.0m	15.0m

Program 10.3: Health information

Program Objective

The Australian Government, through this Program, aims to:

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

Major Activities

Strategic development of health and ageing policies

Australian Health Ministers' Advisory Council

To ensure a nationally consistent focus on achieving better health outcomes, the Australian Government aims to facilitate collaborative policy development with states and territories through the Australian Health Ministers' Advisory Council (AHMAC) and its Principal Committees.

The Australian Government's priorities are reflected in the annual work plans of the six AHMAC 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 eHealth and Information Principal Committee.

The Department will continue to manage the relationships with AHMAC and its Principal Committees to ensure that the activities undertaken reflect 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 supported through the Community Sector Support Scheme provide the Australian Government with access to information on the views and interests of the community they

¹⁵ Healthcare Identifiers available from 2010-11.

represent. Funding under the scheme supports and assists the advocacy and representational capabilities of those organisations. 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.

National 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 benefit the population.

National surveys on health and ageing issues are conducted by the Australian Bureau of Statistics with funding from the Australian Government. These surveys provide high quality, relevant data that assist the Department, other Australian Government agencies, state and territory government agencies, universities, research institutes and private researchers, to investigate health and ageing issues and develop innovative and evidence-based policy responses. The Department’s support enables key surveys, such as the forthcoming Australian Health Survey that will include the National Health Survey¹⁶ and the National Aboriginal and Torres Strait Islander Health Survey, to be conducted more regularly, boosting the quality of the surveys and the responsiveness to emerging health issues.

Outcome | 10

Program 10.3: Expenses

Table 10.12: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	8,024	7,792	7,944	8,098	8,254
Program support	40	48	45	38	39
Total Program expenses	8,064	7,840	7,989	8,136	8,293

¹⁶ For more information on the National Health Survey, please see Outcome 1, Program 1.6, located in these Portfolio Budget Statements.

Program 10.3: Deliverables

The Department will produce the following ‘Deliverables’ to achieve the Program Objective.

Table 10.13: Qualitative Deliverables for Program 10.3

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Strategic development of health and ageing policies	
Manage the Australian Government’s contribution toward the annual AHMAC budget	Containment of overall budget within agreed parameters
Facilitate collaborative planning, information sharing and innovation with other jurisdictions to ensure activities undertaken by AHMAC and its principal committees contribute to supporting the Australian Health Ministers’ Conference in providing leadership on national health issues	Australian Government priorities are reflected in the annual AHMAC work plan
National Health Survey conducted	Survey results available in a timely manner
National Aboriginal and Torres Strait Islander Health Survey conducted	Survey results available in a timely manner
Provide national secretariat support to peak community organisations through the Community Sector Support Scheme	National secretariat support provided to a number of peak community organisations through the Community Sector Support Scheme

Table 10.14: Quantitative Deliverables for Program 10.3

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%

Program 10.3: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 10.15 Qualitative Key Performance Indicators for Program 10.3

Qualitative Indicators	2010-11 Reference Point or Target
Strategic development of Health and Ageing policies	
Use of information collected through national level health surveys	Appropriately obtained and informs the development of Government health policies
Peak community organisations provide input to policy and program development and delivery	Achievement of agreed plans and targets by funded organisations within agreed timeframes

Outcome | 10

Table 10.16: Quantitative Key Performance Indicators for Program 10.3

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Strategic development of health and ageing policies					
Containment of AHMAC overall budget within agreed budget parameters	\$1.8m	\$1.8m	\$1.9m	\$1.9m	\$2.0m

Program 10.4: International policy engagement

Program Objective

The Australian Government, through this Program, aims to:

- improve health outcomes in Australia by contributing strategically and effectively as a member of the global community to international health and ageing issues and to bilateral and regional initiatives.

Major Activities

Facilitate international engagement on global health issues

In 2010-11, the Australian Government, through the Department, will monitor international health policy trends and promote Australia's leadership in addressing global health policy challenges. This will be achieved by facilitating the participation of senior health officials and technical experts at international meetings, hosting international delegations and visitors, and responding to requests from multilateral and regional agencies for data and policy information on Australia's health system and health status.

The Department will continue to manage Australia's relationships with health ministries and institutions from other countries and with 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). In addition, the Department will ensure that Australia's participation in high-level international forums focuses on promoting and protecting Australia's priority health interests in the Asia-Pacific region and globally, particularly in the areas of pandemic influenza preparedness and response, tobacco control, chronic disease prevention and health systems improvement.

Cancer is a significant global health issue and Australia's international collaboration provides important access to high quality scientific thinking on best practice approaches to reducing cancer incidence and mortality. In particular, the Department engages with WHO's specialist cancer agency, the International Agency for Research on Cancer (IARC). Australia has been a participating member of IARC since 1965 and currently the Chief Medical Officer is a member of the Governing Council. There has also been significant engagement from the academic sector and many Australian scientists have undertaken postgraduate training at IARC. The areas of IARC research cut across all major aspects of cancer including cancer prevention (for example, the emerging areas of genomic research), cancer epidemiology across five continents, cancer screening, and cancer treatment (including consideration of new types of therapy).

The Department will also work closely with the Department of Foreign Affairs and Trade and AusAID, to promote Australia's broader international goals.

Program 10.4: Expenses**Table 10.17: Program expenses**

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	13,086	14,386	14,912	14,912	14,912
Program support	25	31	30	26	26
Total Program expenses	13,111	14,417	14,942	14,938	14,938

Program 10.4: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 10.18: Qualitative Deliverables for Program 10.4

Qualitative Deliverables	2010-11 Reference Point or Target
Facilitate international engagement on global health issues	
Provide leadership in addressing regional and global health policy challenges	Contribute to, and participate in, a range of international forums on health issues

Table 10.19: Quantitative Deliverables for Program 10.4¹⁷

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Facilitate international engagement on global health issues					
Number of meetings of the Pacific Senior Health Officials Network attended by Department representatives	1	1	1	1	1
Number of WHO governing body meetings attended by Department representatives	7	7	7	7	7

¹⁷ Since the 2009-10 Portfolio Budget Statements, the quantitative deliverable 'Number of relevant activities with the health ministries of Indonesia and China involving departmental representatives' has been removed, as the data is duplicated in other quantitative deliverables.

Budget Statements – Department of Health and Ageing

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of OECD Health Committee meetings attended by Department representatives	3	3	2	2	2
Number of APEC Working Group meetings attended by Department representatives	2	2	2	2	2
Number of international health delegations visits facilitated by the Department	20-25	20-25	20-25	20-25	20-25
Number of Health and Ageing Portfolio representatives attending major international meetings ¹⁸	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.

Table 10.20: Qualitative Key Performance Indicators for Program 10.4

Qualitative Indicator	2010-11 Reference Point or Target
Facilitate international engagement on global health issues	
Promote Australia’s leadership in global health policy challenges	Support a consistent Australian policy approach to international negotiations and discussions on health, as evidenced by relevant cross-governmental consultative forums

¹⁸ Meetings include WHO, OECD, APEC, WHO technical meetings, and other meetings supporting bilateral health and ageing agreements.

Table 10.21: Quantitative Key Performance Indicators for Program 10.4¹⁹

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Facilitate international engagement on global health issues					
Number of cooperative agreements with overseas health ministries ²⁰	5-7	5-7	5-7	5-7	5-7

Program 10.5: Palliative care and community assistance

Program Objective

The Australian Government, through this Program, aims to:

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

Major Activities

Improve palliative care

National Palliative Care Strategy

The Australian Government, through the Department, aims to achieve the National Palliative Care Strategy objectives through a range of activities. These include promoting professional development and producing guidelines for care providers, providing training for medical and nursing undergraduates, supporting the development of the national standards assessment program, establishing service benchmarking and performance information, increasing access to palliative care medicines in the community and funding research.

In 2010-11, the Department, in collaboration with state and territory health agencies and other stakeholders, will update the National Palliative Care Strategy. The Department will submit the strategy to the Australian Health Ministers' Advisory Council (AHMAC) for endorsement in July 2010. The Strategy will focus on improving services available to people at the end of life and their carers.

In addition to the palliative care services provided through Program 10.5, as part of the *National Health and Hospitals Network Agreement*²¹, the Government will provide capital funding over the next four years for 286 subacute beds or bed-equivalents in Multi-Purpose Services.²² Subacute care services include the provision of palliative care. Funding is also being made available for an estimated 1,316 new subacute beds by 2013-14 in the public hospital system to improve health outcomes and quality of life.

¹⁹ Since the 2009-10 Portfolio Budget Statements, a quantitative KPI: 'Number of international meetings attended by senior health and ageing officials' has been removed, as the data is duplicated in quantitative deliverables.

²⁰ Number of agreements excludes licenses, funding agreements for specific activities under other programs and reciprocal health care agreements.

²¹ At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

²² For further discussion on this initiative, refer to Program 4.7 in these Portfolio Budget Statements.

Community access to palliative care

In 2010-11, the Department will work with state and territory governments, consumer representative groups, such as Palliative Care Australia, and specialist palliative care services, to deliver a range of projects. These projects aim to build palliative care expertise in care providers, and to improve consumers' knowledge of the palliative care services available.

Access to quality palliative care

In 2010-11, the Department will continue delivering 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 support the inclusion of palliative care education as an integral part of medical, nursing, and allied health undergraduate training. It will also continue to fund ongoing professional development through education and workplace initiatives.²³

Palliative care guidelines and service standards

The Australian Government aims to improve the standards of palliative care, with 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.

The Palliative Care Outcomes Collaboration comprises four universities: University of Wollongong; Curtin University of Technology; Flinders University; and Queensland University of Technology. This collaboration supports services to compare and measure the quality and outcomes of palliative care provided. Estimates indicate that the collaboration currently has data on approximately 80 per cent of patients receiving specialist palliative care. In 2010-11, the Department will continue to encourage more services to report and use palliative care data. The National Standards Assessment program is a quality assessment framework developed, endorsed and managed by Palliative Care Australia. This program will be extended to all states and territories in 2010-11. The Government will continue funding the Palliative Care Outcomes Collaboration and National Standards Assessment program, to assist palliative care service providers to improve practices and meet the standards established in Palliative Care Australia's *Standards for Providing Quality Palliative Care for all Australians*.

In 2010-11, the Government will continue to fund the Australian Palliative Care Knowledge Network – CareSearch to provide current evidence-based information for health professionals, researchers, carers, families and patients.²⁴

Access to palliative care medicines

Many people requiring palliative care choose to be cared for and die at home. A priority for the Government is to ensure that a significant proportion of these people have access to palliative care medicines and use these medicines effectively. In 2010-11, the Department will continue to investigate the efficacy and use of medicines for palliative purposes, with a view to including suitable medicines on the Pharmaceutical Benefits Scheme.

²³ Accessible at: www.pepaeducation.com

²⁴ Accessible at: www.caresearch.com.au

Program 10.5: Expenses

Table 10.22: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	26,545	28,062	28,653	29,189	29,657
Program support	4,244	5,173	4,840	4,140	4,183
Total Program expenses	30,789	33,235	33,493	33,329	33,840

Program 10.5: Deliverables

The Department will produce the following ‘Deliverables’ to achieve the Program Objective.

Table 10.23: Qualitative Deliverables for Program 10.5

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Improve palliative care	
Update the National Palliative Care Strategy	An updated Strategy is submitted to the Australian Health Ministers’ Advisory Council for endorsement by October 2010
Provide support for a specialist palliative care website and community organisations to provide consumers with information about palliative care and community palliative care services	The CareSearch website provides information to palliative care patients, their families, health workers and researchers
Development of a new minimum data set to improve benchmarking for palliative care outcomes	A new minimum dataset is developed in 2010-11
Community aged care services receive information about, and training in using, a palliative approach in care delivery	Community aged care services receive copies of the <i>Guidelines for a Palliative Approach for Aged Care in the Community Setting</i> and have access to relevant training
Palliative care agencies use benchmarking and national service standards to improve palliative care quality	The palliative care outcomes collaboration and national standards assessment project offer free benchmarking and standards services to palliative care agencies
Stakeholders are consulted about the appropriateness and availability of palliative care medicines to people living in the community	The Palliative Care Medicines Working Group provides advice on improving access to palliative care medicines in the community, particularly in relation to the group of medicines to be considered and strategies to be implemented

Table 10.24: Quantitative Deliverables for Program 10.5

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Improve palliative care					
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 states and territories where palliative care services use national service standards	6	7	8	8	8
Number of research grants, doctorate scholarships and postdoctoral fellowships funded	36	36	36	36	36

Outcome | 10

Program 10.5: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 10.25: Qualitative Key Performance Indicators for Program 10.5

Qualitative Indicators	2010-11 Reference Point or Target
Improve palliative care	
Increased palliative care information is available to patients living in the community, their families and care workers	A wider range of information about palliative care services and research is available from the CareSearch website
Community aged care services use palliative care guidelines to inform the care they provide to clients	Specialist palliative care training material is developed for community aged care services

Budget Statements – Department of Health and Ageing

Qualitative Indicators	2010-11 Reference Point or Target
The community continues to have access to high quality palliative care medicines	The Palliative Care Medicines Working Group provides advice to the Department regarding access to appropriate medicines
States and territories have palliative care outcomes collaboration benchmarking services in place	Eight jurisdictions having palliative care collaborations in place

Table 10.26: Quantitative Key Performance Indicators for Program 10.5²⁵

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Improve palliative care					
Average number of monthly visits to the palliative care information website ²⁶	22,000	25,000	25,000	25,000	25,000
Number of times the CareSearch website is accessed	350,000	350,000	350,000	350,000	350,000
Number of times the national directory of palliative care services is accessed	40,000	40,000	40,000	40,000	40,000
Percentage of specialist palliative care services contributing to the data collection by the Palliative Care Outcomes Collaboration ²⁶	66%	75%	80%	90%	90%
Percentage of patients covered by the data collection of the Palliative Care Outcomes Collaboration	85%	90%	90%	90%	90%

²⁵ All local palliative care grants referred to in 2009-10 Portfolio Budget Statements were completed in 2009-10, and are no longer funded or reported against.

²⁶ Subject to outcomes of negotiation, funding agreements are expected to become effective 1 July 2010.

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of community aged care services receiving information and training in palliative care	50	100	150	200	200
Percentage of multi-site drug trials progressed and completed through the palliative care clinical studies collaborative within agreed timeframes ²⁷	100%	100%	100%	100%	100%

Program 10.6: Research capacity

Program Objective

The Australian Government, through this Program, aims to:

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

Major Activities

Improve research capacity

The Australian Government, through the Health and Hospitals Fund, aims to improve the research capacity and capability within Australia, and improve the transfer of research outcomes to patient care. In 2009-10, the Government announced funding of \$430 million to 12 health and medical research organisations and training facilities. A list of organisations funded is available on the Department's website.²⁸ This investment is a significant contribution to new medical research infrastructure in the areas of mental health and neurological disorders, child health and Indigenous health. In 2010-11, the Government will actively monitor the progress of each of these projects to ensure that the funded organisations deliver on this investment and that research findings are translated into patient care.

Improve safety and quality in health care

During 2010-11, the Australian Government, in conjunction with states and territories, will establish the Australian Commission on Safety and Quality in Health Care as a permanent body with an expanded range of functions. Through this, the Australian Government will continue its commitment to driving improvements in safety and quality in health care. The permanent Commission is expected to commence operations on 1 July 2011.

The continuation and expansion of the Commission as the permanent national safety and quality body will help reduce preventable health care errors, improve the quality and safety

²⁷ Subject to outcomes of negotiation, funding agreements are expected to become effective 1 July 2010.

²⁸ Accessible at: www.health.gov.au

of the health system, reduce health care costs resulting from unnecessary or ineffective treatment and have a positive impact on community trust.

The Commission will have a key role in: driving improvements in quality and safety; setting clinical standards; strengthening clinical engagement with clinicians; commissioning clinical guidelines; and developing tools to improve clinical practice. The National Health and Medical Research Council (NHMRC)²⁹ will provide support to organisations that are developing clinical guidelines for the Commission to ensure that they are of the highest quality and meet NHMRC standards. NHMRC will also establish processes to ensure these clinical guidelines are approved and issued in a timely manner.

As part of the *National Health and Hospitals Network Agreement*³⁰, the Australian Government will require strong National Standards and transparent reporting in the health system. These National Standards will help to ensure consistent, high-quality health care, and provide greater levels of transparency and information about the health system to increase accountability and drive improved outcomes. The Commission will develop and monitor National Clinical Safety and Quality Standards, and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular setting.

The Commission will also play a key role in transparent monitoring and reporting of health system performance against safety and quality indicators, such as adverse events. The Commission's focus on improving safety and quality will over time extend beyond hospitals to other sectors of the health care system. Expansion of the Commission's functions beyond 2010-11 is contingent on the states and territories collectively matching the Commonwealth's funding contribution.

The Australian Government will also continue to support the Commission to identify issues, recommend policy directions and provide advice to AHMC in areas where health care safety and quality could be further improved. This includes: proposing an alternative model of accreditation standards which can be applied across all health care sectors; supporting the implementation of the Australian Charter of Healthcare Rights; identifying, developing and improving clinical handover communication; improving the consistency and effectiveness of credentialing for health care professionals; supporting the implementation of falls prevention guidelines; developing a national approach to reduce healthcare associated infection; reporting publicly on the state of safety and quality; improving the safety of medication usage in Australia; supporting the implementation of the open disclosure standard; improving patient identification processes; improving the recognition of and response to patients who deteriorate in hospitals; and examining safety and quality priorities in primary care.

Program 10.6 is linked as follows:

- This program includes National Partnerships payments for:
 - *Health and Hospital Fund - translation research and workforce training.*These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

²⁹ For further information on NHMRC, refer to its chapter in these Portfolio Budget Statements.

³⁰ At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

Program 10.6: Expenses

Table 10.27: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services to Safety and Quality in Health Care Special Account	27,537	20,351	21,836	21,404	22,653
Special account expenses					
Health and Hospital Fund Health Portfolio ¹	(5,500)	(5,500)	-	-	-
Safety and Quality in Health Care	40,000	159,000	170,000	14,000	1,300
Program support	13,819	11,000	-	-	-
	99	120	112	96	97
Total Program expenses	75,955	184,971	191,948	35,500	24,050

¹ Expense to the states and territories included in this program are made by the Treasury. For more detailed estimates relating to this program refer Budget Paper 3.

Program 10.6: Deliverables

The Department will produce the following ‘Deliverables’ to achieve the Program Objective.

Table 10.28: Qualitative Deliverables for Program 10.6

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Improve research capacity	
Provide funding for health and medical research organisations through the Health and Hospitals Fund	Funding provided in a timely manner
Review performance of funded projects against agreed implementation milestones	Project milestones reviewed in accordance with individual funding agreements

Table 10.29: Quantitative Deliverables for Program 10.6

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Improve research capacity					
Percentage of payments processed within agreed timeframes	100%	100%	100%	100%	100%
Australian Commission on Safety and Quality in Health Care					
Percentage of briefings provided to the Minister for Australian Health Ministers' Conference meetings in a timely manner	≥95%	≥95%	≥95%	≥95%	≥95%

Program 10.6: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 10.30: Qualitative Key Performance Indicators for Program 10.6

Qualitative Indicators	2010-11 Reference Point or Target
Improve research capacity	
Submission of progress reports by funded organisations in accordance with individual funding agreements	Timely progress reports submitted by organisations funded through the Health and Hospitals Fund
Australian Commission on Safety and Quality in Health Care	
Advice provided to the Minister on safety and quality matters and the work of the Commission is of a high quality	Minister is satisfied with the briefings provided

Table 10.31: Quantitative Key Performance Indicators for Program 10.6

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Improve research capacity					
Percentage of projects that meet agreed requirements	100%	100%	100%	100%	100%

Program 10.7: Health infrastructure

Program Objective

The Australian Government, through this Program, aims to:

- invest in major health infrastructure programs that will support the objectives of reform of the Australian health and hospital system.

Forming part of the Australian Government's broader nation-building infrastructure program, this investment will equip Australia's health and hospital system to deal with current and future challenges and deliver improved care for patients.

Major Activities

Health and Hospitals Fund

The Health and Hospitals Fund was established on 1 January 2009 under the *Nation-building Funds Act 2008* and forms part of the Australian Government's broader nation-building infrastructure program.

The fund supports strategic capital investment in health infrastructure, to equip Australia's health and hospital system for the future. This investment will underpin major improvements in efficiency, access and outcomes of health care through renewal and refurbishment of hospitals, major hospital facilities, medical technology equipment, and major medical research facilities and projects.

Thirty-five major health infrastructure projects and priority areas are being funded. These projects span three critical areas: the fight against cancer (Program 10.1); translational research and workforce infrastructure (Program 10.6); and improvement and modernisation of the hospital system (Program 10.7). There are major projects in each state and territory and a list of funded projects is located on the Department's website.³¹

In April 2010, the Government announced successful applicants to receive funding, through the Health and Hospitals Fund, for the establishment of a network of best-practice Regional Cancer Centres.³² In combination with the cancer measures reported in Outcome 1 and elsewhere in this chapter, these projects will greatly strengthen the framework for prevention, early detection and treatment of cancer in Australia.

In 2010-11, the Government will continue to work with state and territory governments and non-government organisations, universities and medical research institutes, to progress projects in line with funding agreements. States and territories and other organisations are

³¹ Accessible at: www.health.gov.au

³² For more information on the Regional Cancer Centres initiative, see Program 10.1 in these Portfolio Budget Statements.

required to report against key performance milestones as detailed in individual project agreements. Progress payments are made on the successful completion of milestones.

The Department will continue to provide administrative support to the Health and Hospitals Fund Advisory Board.

Program 10.7 is linked as follows:

- This program includes National Partnerships payments for:
 - *Health and Hospital Fund - hospital infrastructure and other projects of national significance.*

These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

Program 10.7: Expenses

Table 10.32: Program expenses

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Special account expenses					
Health and Hospital Fund					
Health Portfolio ¹	356,500	401,100	335,700	144,000	77,600
Program support	1,013	1,235	1,156	989	999
Total Program expenses	357,513	402,335	336,856	144,989	78,599

¹ Expense to the states and territories included in this program are made by the Treasury. For more detailed estimates relating to this program refer Budget Paper 3.

Program 10.7: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 10.33: Qualitative Deliverables for Program 10.7

Qualitative Deliverable	2010-11 Reference Point or Target
Health and Hospitals Fund	
Review of funded project performance against agreed milestones	Project milestones reviewed in accordance with individual funding agreements

Table 10.34: Quantitative Deliverables for Program 10.7

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Health and Hospitals Fund					
Percentage of payments progressed within agreed timeframes ³³	95%	95%	95%	95%	95%

Program 10.7: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

Table 10.35: Qualitative Key Performance Indicators for Program 10.7

Qualitative Indicators	2010-11 Reference Point or Target
Health and Hospitals Fund	
Provision of appropriate and timely support to the Health and Hospitals Fund Advisory Board	Advisory Board members satisfied with support provided
Submission of progress reports by funded organisations in accordance with individual funding agreement	Progress reports submitted by organisations funded through the Health and Hospitals Fund

Table 10.36: Quantitative Key Performance Indicators for Program 10.7

Quantitative Indicator	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Health and Hospitals Fund					
Percentage of progress reports that meet agreed requirements	100%	100%	100%	100%	100%

³³ This quantitative deliverable replaces the deliverable listed in the 2009-10 Portfolio Budget Statements (p.288). The revised deliverable more accurately measures the ongoing delivery of the program in meeting its objective.

