DH4 Pty Ltd (ABN 67 003 189 446)
86 Cabramatta Road
MOSMAN NSW 2088

Tel: (02)9953 8544 Fax: (02) 9953 6695
E-mail: dh4@dh4.com.au

Australian Government Budget 2008-09
Summary of e-Health and health information measures

Having discussed the budget measures with a number of friends and colleagues, all of whom were interested in getting more information on the implications and outcomes for e-health and health information activities in Australia, I committed to put together this consolidated document containing a summary and extracts of what I consider to be the more relevant provisions.

Overview

The measures identified appear in several places in the 2008-09 Budget Papers, with each measure typically being covered in one or more of the following:

- Aggregated into the Expense Measures in the summary expenditure tables at pages 39-76 the start of Budget Paper No 2 *Budget Measures 2008-09*;
- Expenditure tables and summary descriptions of expenditure measures for the Health and Ageing (H&A) portfolio at pages 201 to 246 of Budget Paper No 2;
- Expenditure cuts and reallocations under *Whole of Government: Responsible Economic Management* at pages 201 to 246 of Budget Paper No 2; and
- Information, explanations and justifications set out in the *2008-09 Health and Ageing Portfolio Budget Statements* (Budget Related Paper No. 1.10), particularly in relation to Outcome 10 (Health System Capacity and Quality).

Key features of the Budget provisions that were identified as having some relationship to current or proposed e-health activities are:

1. Cuts to the previous e-health implementation program. While these totalled $10.5 million over three years and were part of a basket of cuts, it is not clear what the extent and nature of the specific reductions within the e-Health Implementation Program have been (see Appendix A below for more detail).

2. The role of e-health being acknowledged in general terms in relation to improving the capacity and quality of the Australian health services (see Appendix B below).

3. Improvements in safety and quality outcomes and in clinical and administrative decision-making are the goals of Department of Health and Ageing Program 10.2 (*e-Health Implementation*) as set out in Appendix C below, including the following cornerstone activities:

    - providing Australian Government leadership in e-Health, by:
        - demonstrating the health care safety and quality benefits; and
        - developing health information privacy measures,

- working with states and territories, professional groups and consumers, to address aspects of e-Health requiring national leadership and coordination - specifically **development of a national e-Health strategy**;
- overseeing the development of national standards to enable compatibility of e-Health systems and alignment with national e-Health policy;
- working to ensure health systems are interoperable, and can safely and securely exchange electronic health information; and
- consulting with medical groups, the software industry, other professions and the community to take their needs into account in pursuing the above.

4. As stated on page 220 of the H&A Portfolio Budget Statements, Administered funds provided for a specified period and not used in that period are subject to review by the Minister for Finance and Deregulation, and may be moved to a future period.

   Of the $70.076 million of Administered funds moved between 2007-08 and later years for the Health and Ageing Portfolio, $7,362 was within the e-Health Implementation program.

5. Previous ICT incentives for General Practice are being abolished and a new incentive payment of $6.50 per patient introduced in their place – however the net result is planned to be a saving of $110.7 million over the next 4 years. More information on this measure is provided at Appendix D below.

6. In other e-health related measures being undertaken by DoHA, the following were noted:

   (a) The *KidsMatter Initiative* under the Mental Health programs (Outcome 11) includes activities to ensure that help is available to families by links to web-based mental health services, information systems and programs such as *Kids Helpline*;

   (b) Web-based mental health therapies and interventions to complement face-to-face services, which are supported through the *Mental Health – Telephone Counselling, Self Help and Web-Based Support Program* (DoHA Program 11.1); and

   (c) A KPI for DoHA Program 2.5 (Palliative Care and Community Assistance) is that the CareSearch website meet the information and resource needs of health professionals, volunteers, patients, families and carers.

7. Investment by AIHW continues to capitalise on the "new information environment" offered by information technology and e-health, but with a less specific program of activities than was suggested in last year's budget. More details are provided in Appendix E below.

8. As noted at page 445 of the H&A Portfolio Budget Statements: *"The NHMRC is developing an integrated data platform to improve accountability, information management and reporting of the Australian Government's investment into health and medical research. In 2009, a research investment management system, developed by the NHMRC to support the grants management process, will come online. The system will support the full grants management process from application through to grant acquittal, including peer review, approvals, administration and*

9. One of the major cost saving measures was the abolition of the Access Card project (being managed within the Human Services portfolio) leading to an all up reduction of $1.2 billion over 5 years. More details are provided in Appendix F below.

10. As indicated in the Portfolio Budget Statements for the Human Services portfolio Medicare Australia is undertaking a range of activities aimed at:

    (a) Maximising take-up of electronic Medicare claiming to enhance access, choice and convenience for the public and for providers;

    (b) Designing and developing a Unique Healthcare Identifier (UHI) service under contract to the National E-Health Transition Authority, noting that: *This service will generate healthcare identifiers for patients, healthcare providers and healthcare locations, and is aimed at facilitating the development of electronic health records in Australia*. [at page 91]; and

    (c) Aged Care online claiming and refreshing the technology of aged care payment systems.

    There was little detail provided about the specifics of how these aspirations would be realised or the investments required.

11. A large number of H&A portfolio programs involve the maintenance of data collections, to assess national health status, program effectiveness and for other purposes. The following are among those specifically mentioned in the H&A Portfolio Budget Statement.

- National Postnatal Depression Initiative – data collection to be developed collaboratively with the states and territories and BeyondBlue to support evaluation and management of the program and for research.
- National Cervical Screening Program - overall coordination of national data collection, quality control, monitoring and evaluation.
- A National HPV Register is being developed on behalf of DoHA by Victorian Cytology Services to provide ongoing monitoring of coverage rates and vaccine effectiveness. Data collection will begin June 2008, with uploading to the electronic system to commence in November 2008 for access by girls and health professionals from January 2009 onward.
- Improving national data on the effectiveness of programs to prevent and treat illicit drug use (including collecting data on the cost and social burden of drug use) [under DoHA program 1.3].
- Medicare Services Program [DoHA Program 3.1] supports access to a range of medical services listed in the MBS and maintains and analyses comprehensive data on services, benefits and costs to patients.
- National Respite for Carers Program – data on carers provided with respite assistance.

- Within Outcome 8 (Indigenous Health):
  - participating in the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data;
  - improving the quality and availability of important statistics relating to the health of Indigenous people;
  - funding new work on estimating Indigenous mortality rates;
  - developing guidelines for improving Indigenous identification in key health datasets;
  - developing social and emotional well-being data; and
  - producing the 2008 Aboriginal and Torres Strait Islander Health Performance Framework Report.
- Monitoring the uptake of insurance products and use of services covered health insurance and their impact on private health insurance costs and risk equalisation arrangements - through quantitative assessment of Hospitals Casemix Protocol data, data collected by the PHIAC and consultation with the private health insurance industry.
- Better Arthritis and Osteoporosis Care Initiative - data collection related to funded programs focused on primary and secondary prevention, and best practice management of arthritis and osteoporosis.
- Commonwealth Dental Health Program – collaborative development with states and territories of performance indicators and health data reporting to support more consistent national access to services and provide nationally comparable health data to plan future improvements to dental services.
- Australian Health Care Classification Systems - develop and refine nationally consistent patient health care classification systems and patient level data for emergency departments and outpatient services to support COAG commitment to a more nationally consistent approach to activity based funding for services provided in public hospitals.

  On page 191, it is noted that: *"The Australian Government is committed to a consistent Australian health care classification system that goes beyond counting activity to measuring outcomes and the success of the health sector in delivering appropriate services to Australians who need them. Funding for this major activity is sourced from Program 13.3 – Public Hospitals and Information."*
- The Hospital Information and Performance Information Program under Program 13.3], including:
  - funding the development of national classification systems for patients, their treatment and associated costs to provide a basis for measuring and paying for hospital services under the AHCA;
  - National Hospital Cost Data Collection (round 11); and
  - Release of Australian Refined Diagnosis Related Groups v6.0.
- Outcome 14 (Biosecurity and Emergency Response) - Strengthening communicable disease surveillance systems to detect, assess and respond to communicable disease threats in Australia and overseas, through the

national communicable disease surveillance system, OzFoodNet and the Foodborne Disease Surveillance Program.

- AIHW – working closely with peak bodies responsible for cancer control and state cancer registries to provide data on cancer prevalence and survival rates, and to monitor cancer screening programs.
- ARPANSA - Data collection and analysis of patient dose in CT scanned patients.
- Cancer Australia – improvements to collection and use of cancer data in collaboration with state, territory and professional groups.
- National Centre for Gynaecological Cancers - the development of minimum datasets for gynaecological cancers (to complement the existing national cancer clinical minimum dataset); and consulting on research priorities.
- National Blood Authority:
    - Completing development and implementation of the NBA's new integrated data management system aimed at improving operational data and performance reporting for the sector and to address the challenge of providing nationally relevant information from a disparate set of systems and processes in each jurisdiction (additional funding provided);
    - Implementing Australian Bleeding Disorder Registry by June 2009; and
    - Completing plans for a National IVIg management system by June 2009.

Concluding observations

It is reasonable for e-health expenditure to be strongly controlled at this time while the nation takes stock of the e-health environment, develops its next e-health strategy and identifies the resources, organisational measures and policies needed to achieve it.

An effective e-health strategy requires effective communication, involvement and collaboration across all aspects of the health system – including specialists, diagnostic services, aged and long-term care, mental health, indigenous health, public and private sector acute care facilities as well as those in the primary and ambulatory care sector, who have been much of the focus to date. All in the health informatics community hope that the e-health strategy to be produced in 2008-09 will facilitate an effective outcome and ensure that the core policy and infrastructure components needed to achieve e-health are successfully put in place.

At DH4, we trust you find this synopsis a useful guide.

J. Richard Dixon Hughes,
Managing Director, DH4 Pty Limited

Appendix A – Cuts to e-health implementation program

"E-Health Implementation" is one of several areas to be reduced under the broad heading: *Other Measures - Responsible Economic Management — Adjusting the Funding for Specific Health Programs* as per the following extract from page 361 of Budget Paper No 2:

> *"The Government will adjust the funding for a number of health programs that have a history of lower than anticipated expenditure by aligning future funding more closely with anticipated demand. This measure will not impact on the delivery of these health programs and the Government will review funding levels for individual programs should demand exceed expected take-up rates in the future. The efficient allocation of resources is a core element of the Government's health reform initiatives. The adjustments have been made to eight programs primarily focused on providing grants for primary care projects, education and training for health care providers. These programs have total funding of $854.5 million in 2008-09 and $3.3 billion over the four years 2008-09 to 2011-12. The programs are:*
>
> - *Primary Care Financing, Quality and Access;*
> - *Primary Care Education and Training;*
> - *Primary Care Policy, Innovation and Research;*
> - *Pathology Services;*
> - *Mental Health;*
> - ***e-Health Implementation**; and*
> - *Diagnostic Imaging.*
>
> *This measure will provide savings of $503.7 million over four years and delivers on the Government's commitment to responsible economic management."*

According to Table 1.3.1, the actual amounts of these cuts affecting the e-Health Implementation Program (Outcome 10.2) are understood to be:

Expense ($'000)

	2007-08	2009-10	2010-11
e-Health Implementation	-4,000	-3,5000	-3,000

It is unclear what aspects of e-Health implementation are being reduced as part of this savings measure; however, it is noted that the Government has continued its commitment to provide close to the existing level of expenditure on e-Health Implementation under DoHA Program 10.2 (as discussed in Appendices B and C below).

Appendix B – E-Health in improving the capacity and quality of the health system

E-Health is one of the areas highlighted in the summary of Department of Health Outcome 10 (Health System Capacity and Quality) on page 153 of the *2008-09 Health and Ageing Portfolio Budget Statements*, which is summarised as follows:

> *"Outcome 10 is focused on improving the capacity, coordination and quality of the nation's health system as part of the Australian Government's commitment to reform and refocus the health system so that it is world-class. The Government aims to achieve this through programs that improve chronic disease management and palliative care issues, and tackle cancer on several fronts through a national approach.*
>
> *The Government will also support safety and quality improvements across the health system and lead a national approach to more effective electronic management of key health information (e-Health). Furthermore, the Government will contribute to the strategic development of health and ageing policies by engaging with the community and international organisations.*
>
> *Outcome 10 is the responsibility of the Population Health Division, the Portfolio Strategies Division, the Primary and Ambulatory Care Division and the Regulatory Policy and Governance Division. Mental Health and Workforce Division also contributes to this outcome.*
>
> ***Key Strategic Directions***
>
> - *Reduce the burden of cancer, improve support for Australians living with cancer, and improve research and knowledge about cancer.*
> - *Improve access to, and the quality of, palliative care for people with a terminal illness.*
> - *Improve chronic disease management, including early intervention and the integration of care and self-management.*
> - *Promote improved patient safety.*
> - ***Support improvements in clinical practice and decision-making through e-Health.***
> - *Promote Australian health policy through participation in relevant international, regional and bilateral forums.*
>
> *The Government will also support the states and territories to improve the efficiency, and access to, public hospitals and health services (Outcome 13)."*

The above summary has been extracted in full to highlight other related programs and the responsible related contact points.

Appendix C – Improved Clinical Practice and Decision-Making through e-Health

Improving clinical practice and decision-making through e-Health is one of the major activities discussed in more depth in the *2008-09 Health and Ageing Portfolio Budget Statements*, with the following information being provided at page 157:

"The Australian Government's e-Health agenda aims to support improved safety and quality outcomes, and better clinical and administrative decision-making. The Australian Government will provide national leadership in e-Health, in demonstrating to the Australian community the health care safety and quality benefits of e-Health, and developing measures to ensure the necessary privacy of health information.

In 2008-09, the Australian Government, through the Department, will work with the states and territories, professional groups and consumers, to address the aspects of e-Health requiring national leadership and coordination. This includes the development of a national e-Health strategy.

The Department will specifically oversee the development of national standards to enable compatibility of e-Health systems across the national health network and ensure these standards align with national e-Health policy. The Department is working to ensure health systems are interoperable, and can safely and securely exchange electronic health information between health professionals with patients' permission. The Government will consult with medical groups, the software industry, other professions and the community to ensure the needs of all are taken into account and the benefits of e-Health are communicated.

The challenges facing this work relate to the high-level of complexity and pace of technology development in e-Health, and the willingness of the health sector to embrace it. The Department will manage this challenge through effective consultation strategies, and the ongoing involvement of appropriate stakeholders.

Funding for this major activity is sourced from Program 10.2 – e-Health Implementation."

The budgetary provisions for these activities are summarised in Table 10.1 at pages 159 to 160 of the Portfolio Budget Statements.

This Table shows how the 2008-09 Budget appropriations to specific DoHA-administered programs translate to total resourcing for Outcome 10, including administered expenses, revenue from Government (appropriations), revenue from other sources, and the total price of outputs. The essence of this table, highlighting provisions for e-health may be summarised as follows:

Table 10.1: Total Resources for Outcome 10

	2008-09 Total estimate of actual available resources $'000	2007-08 Estimated actual $'000
Outcome 10 Administered and Departmental Output Resources		
Program 10.1: Chronic Disease - Treatment	42,592	22,934
Program 10.2: e-Health Implementation		
Administered Items Annual Appropriation Bill 1 (Ord Annual Services)	49,713	53,779
Departmental Outputs Annual Appropriation Bill 1 (Ord Annual Services)	10,629	10,622

Revenues from other sources for goods and services	288	288
Subtotal for Program 10.2	60,630	64,689
Program 10.3: Health Information	7,895	7,741
Program 10.4: International Policy Engagement	11,613	10,616
Program 10.5: Palliative Care and Community Assistance	31,595	34,134
Program 10.6: Research Capacity (inc ACSQH)	34,930	29,936
Program 10.7: Health and Medical Investment Fund	2,681,250	2,500,000
Total Resources for Outcome 10	2,870,505	2,670,081
Which includes expenditure for: DoHA Output Group 1: Policy Advice:	9,305	9,743
DoHA Output Group 2: Program Management	14,493	15,176
Total Departmental Resources	23,798	24,919
	2008-09	2007-08
Program 10: Average DoHA staffing level (number):	166.1	181.8

Programs contributing to Outcome 10 and its KPIs

Further information on the e-Health Implementation Program is provided by way of a brief summary on the contribution of DoHA's Administered Programs to the achievement of Outcome 10 commencing on page 161 of the Portfolio Budget Statements and also the key performance indicators for Outcome 10 on pages 163 through 167. The respective entries in these sections for Program 10.2 (e-Health Implementation) and Program 10.3 (Health Information) are as follows.

Program 10.2 – e-Health Implementation

*"The e-Health Implementation Program funds a range of activities aimed at improving health outcomes through the use of technology to promote a more integrated and coordinated approach to health care. This is achieved through encouraging the development of **national standards** to ensure compatibility of e-Health systems across the health sector.*

The contribution to this outcome is measured by the uptake of e-Health initiatives."

KPI's for Program 10.2 as presented on page 164 are:

Indicator	2008-09 Reference Point or Target
Program 10.2 – e-Health Implementation • Administered Items	
Key stakeholders use electronic clinical communications to support quality and safety in health care.	Increased use of electronic communications by service providers for electronic prescribing, secure electronic messaging and the components of shared health records.

Australian Government investment in the National E-Health Transition Authority contributes to the development of nationally consistent e-Health standards and basic infrastructure.	Timely input to National E-Health Transition Authority programs and ensure work is delivered within agreed timeframes.
• Departmental Outputs (common between sub-programs - see p 168) 1. Advice: Quality, relevant and timely advice for Australian Government decision-making 2. Advice: Production of relevant and timely evidence-based policy research 3. Program Management: Administered budget predictions are met 4. Program Management: Relevant stakeholders participate in program development.	
Resourcing: $60.630m	

Those involved with health informatics will note the importance that has been given to "national standards" for e-health interoperability.

For comparison, the contribution of e-health implementation in the 2007-08 Portfolio Budget Statements released under the previous Government read as follows (at p 137):

> *"The e-Health Implementation program funds a range of activities aimed at delivering e-Health infrastructure where a common, national approach is required. This is achieved through encouraging the development of national standards to ensure compatibility of e-Health systems across the health sector. The contribution to this outcome is measured by the uptake of e-Health initiatives."*

The previous year's KPI's for e-Health Implementation suggested more direct involvement in achieving electronic communication and information sharing, which appears to have since been discontinued:

> *"1. Key stakeholders use electronic clinical communications to improve quality and safety in health care.*
>
> *2 Improved quality of, and access to, online health information and Australian Government health policy by medical professionals and the Australian public.*
>
> *3. Establishment of managed health networks with the capacity to support secure electronic messaging and shared health records.*
>
> *4. Australian Government investment in the National E-Health Transition Authority (NEHTA) contributes to the development of nationally consistent e-Health standards and basic infrastructure.*

Program 10.3 – Health Information

> *"The Health Information Program facilitates the portfolio's involvement in collaborative policy development with other jurisdictions and funds a range of activities including the development, gathering and disseminating of information that contributes to the strategic development of health and ageing policies and programs.*
>
> *The contribution to this outcome is measured and achieved through participation in collaborative information management and development forums at the Australian, State and Territory Government level, and the collection and analysis of health data to assist in identifying areas where health improvement or improved processes and policies are required.*

Furthermore, the program provides support for community organisations with a national focus; and the collection, analysis and provision of consumer information on health and ageing policies and programs nationally.

KPI's for Program 10.3 as presented on page 165 are:

Indicator	**2008-09 Reference Point or Target**
Program 10.3 – Health Information • Administered Items	
Effective management of the Australian Government's contribution towards the annual Australian Health Ministers' Advisory Council (AHMAC) cost-shared budget.	Containment of overall cost-shared budget within agreed budget principles and Australian Government priorities are reflected in the annual AHMAC work plan.
Peak community organisations' input into policy and program development and delivery, through the Community Sector Support Scheme.	Achievement of agreed plans and targets by funded organisations within agreed timeframes.
Improved strategic policy and program development through support for the development, conduct and analysis of national surveys.	Analysis and release of data from the 2007-08 National Health Survey.
• Departmental Outputs (common between sub-programs - see p 168) 1. Advice: Quality, relevant and timely advice for Australian Government decision-making 2. Advice: Production of relevant and timely evidence-based policy research 3. Program Management: Administered budget predictions are met 4. Program Management: Relevant stakeholders participate in program development.	
Resourcing: $7.895m	

Appendix D – New e-Health incentive payment for General Practitioners and other GP incentives

An initiative that appears to involve restructure and reduction of previous ICT expenditure for the primary care sector is highlighted in Budget Paper No 2 at page 413 and is entitled: ***Responsible Economic Management — Practice Incentives Program — new e-Health incentive payment for General Practitioners***, with the following information being provided:

Expense ($m)

	2007-08	2008-09	2009-10	2010-11	2011-12
Medicare Australia		0.3	0.7		
Department of Health and Ageing		-16.7	-32.9	-31.8	-30.6
Total		**-16.4**	**-32.3**	**-31.8**	**-30.6**

Related capital ($m)
Medicare Australia – 0.4m

Accompanied by the following explanation:

"The Government will introduce a new e-Health incentive payment for general practitioners under the Practice Incentives Program. The new incentive will rationalize Practice Incentive Program payments by introducing a single e-

Health incentive to encourage general practices to develop the capacity to exchange information and promote the use of electronic decision support systems.

The new incentive will be introduced in August 2009 at a rate of $6.50 per patient and will replace current information technology incentives and the Electronic Decision Support incentive which was scheduled to be implemented in August 2008. Payments will be capped at $50,000 per practice per year.

This measure will provide savings of $110.7 million over four years and delivers on the Government's commitment to responsible economic management."

It is also noted that some other related payments to General Practice have been removed or reduced in this budget, in particular:

- **Removal of the General Practice Immunisation Service Incentive Payment**

Expense ($m)

	2007-08	2008-09	2009-10	2010-11	2011-12
Medicare Australia			-0.2	-0.2	-0.2
Department of Health and Ageing		-14.8	-22.4	-22.9	-23.4
Total		-14.8	-22.6	-23.1	-23.6

Related capital ($m)
Medicare Australia – 0.4m

The following rationale has been provided for this measure in Budget Paper No 2 at page 413:

"The Government will no longer fund the Service Incentive Payment that is currently provided to general practices for providing immunisation services. This payment duplicates other incentives to promote immunisation. General practices will continue to receive payments for notifying the Australian Childhood Immunisation Register of immunisations and incentives to achieve a 90 per cent child immunisation rate in their practice. In addition, immunisations provided by general practitioners and practice nurses will continue to attract Medicare rebates.

- **Review of the Australian Primary Care Collaboratives program**

Expense ($m)

	2007-08	2008-09	2009-10	2010-11	2011-12
Department of Health and Ageing		-4.2	-4.1	-4.2	-23.4

The following rationale has been provided for this measure in Budget Paper No 2 at page 414:

"The Government will not proceed with the increased funding provided under the measure "Australian Primary Care Collaboratives — continue and increase funding" announced in the 2007-08 Budget. The Australian Primary

Care Collaboratives Program supports doctors to make improvements in their practices and to close the gap between current and best practice.

The Government will continue to fund the program at the levels in place prior to the 2007-08 Budget, at approximately $5.4 million per year. Funding is linked to the level of demand for the program and will be revisited in future if found to be excessive or insufficient.

Both of these reductions affect funding for DoHA programs supporting budget Outcome 5 (Primary Care), rather than the specific e-health program.

Appendix E – AIHW involvement in information technology and e-health

The Portfolio Budget Statements (commencing at page 260) provide an updated viewpoint on AIHW's activities aimed at capitalising on the information environment. The description of this activity (which includes statements about data standards) and an extract from the AIHW Output Measures to which it contributes are as follows:

Capitalising on the New Information Environment

"The Australian Government supports the collection of meaningful national statistics on the health and well-being of Australians, and on the health and welfare services they receive. The AIHW will continue to support the production of national data standards, data sets and metadata, and make these standards and metadata freely available through the internet.

The AIHW has a leadership role in ensuring statistical reporting functions in the health and welfare sector continue. The Institute will, where possible, work to improve statistical reporting, through changes to the information environment over coming years. Specific developments include e-Health, revisions of international classifications, development and uptake of terminologies, emerging data sources, and changed regulatory approaches, especially in the field of privacy.

The AIHW contributes to maintaining the system of national health and welfare statistics through its input to data standards, metadata, terminologies and classifications. This work is critical to the provision of accurate and up-to-date information on the performance of the health and welfare systems.

During 2008-09, the AIHW will work with jurisdictions, national information committees, the National E-Health Transition Authority and other stakeholders to develop a framework for the statistical and analytical uses of e-Health data. The AIHW will ensure data standards for health and welfare statistics are maintained and are inclusive of developments in the broader national and international standards, and information management."

Table 2.1.2: Key Performance Information for the AIHW - Performance Information for Departmental Outputs

Indicator	2008-09 Reference Point or Target
Output Group 1 – Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Australian Governments and the Community	
Meeting the legislative requirement for presentation of …….	[Adherence to timetable for planning and preparation of *Australia's Welfare 2009*, *Australia's Health 2010* and Annual Report.]
[Measures public access & availability of in AIHW information].	Maintain or increase the number of website visits and references to AIHW publications in the media and to the Parliament.
Quality of the AIHW's leadership in identifying ways in which Australia's system for health and welfare statistics can capitalise on the changing information environment. Measured by feedback from jurisdictions and their participation in relevant committees.	Continued participation of jurisdictions in AIHW-led consultative processes.
The accessibility, utility and relevance of national datasets. Measured by the increased availability of national data in electronic form.	Number of downloads of publications and visits to the AIHW website.
Consistency and comparability of information using national data standards in national data collections.	Increased use of national data standards in national data collections.
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors. Measured by the currency of standards available through METeOR, the AIHW's online register of data standards.	
Output Group 1 Resourcing: $26.864m	

Comparison with previous year

It is interesting to contrast the above with the equivalent activity statement in the AIHW budget papers for 2007-08, which reflected an intention for more specific and pro-active engagement with e-health and the use of information technology (on slightly less budget):

Capitalising on the New Information Environment

"To ensure that Australia's health and welfare statistics are of high quality and are unambiguous, the AIHW has a major work program in the fields of data standards, metadata[1] and informatics.[2] The AIHW's activities in those areas include: developing, maintaining and publishing statistical classifications, national data standards and the corresponding data dictionaries; developing specifications for national datasets; providing technical and other support to national information committees; and providing infrastructure to assist those who work with standards and classifications.

In 2007-08, the AIHW will focus its efforts on mapping the implications for health and welfare statistics of emerging developments in data standards and

informatics. Key developments of interest are the electronic health record and clinical information systems, and the data standards including the Systematized Nomenclature of Medicine (SNOMED®).

The AIHW will continue to ensure that the data standards for health and welfare statistics are maintained and are inclusive of developments in the broader national and international standards and informatics environment. The AIHW has support from its on-line metadata registry, METeOR.

The AIHW has developed a range of techniques and a set of policies and practices to enable the linkage of datasets to protect privacy while providing an insight into how people use a range of services. During 2007-08, the AIHW will harness the potential of its statistical data linkage infrastructure to analyse the characteristics of people who move from hospital to residential aged care, and to analyse the care pathways of people using aged care services."

Indicator	**Measured by**	**Reference Point or Target**
Output Group 1 – Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the Community		
[Meeting the legislative requirements to report on Australia's Welfare 2007, Australia's Health 2008 and Annual Report]	[Completion of deliverables:]	[On time]
Enhanced consistency and comparability of information through the use of national data standards in national data collections.	Extent to which standards are used in reporting against nationally agreed data sets.	National data standards are used in national data collections.
Increased use of data standards in data development.	Number of data development groups and users who use the Metadata online register(METeOR) to develop new data standards. Number of data elements included in METeOR.	Increase number of data development groups using METeOR by 2% over previous year. Increase in data elements by2% over previous year.
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.	Frequency with which the National Health, Community Services and Housing Assistance Data Dictionaries are reviewed and refreshed on the web.	Online updates to data standards are made within one month of endorsement by registrars. A document outlining new data standards or changes to existing items is published every 6 months.
Enhanced capacity to produce high quality information and analysis across the health and welfare sectors.	Demand for services in terms of contracts; number and diversity of publications.	Maintain or increase on previous years.
The volume of projects funded on a fee for service basis.	Ratio of non appropriation revenue to total funding revenue.	Ratio of non appropriation revenue to total funding greater than 50%.

Indicator	Measured by	Reference Point or Target
Broad awareness of the AIHW's publications and information products.	References to the AIHW reports in the media and parliament; number of visits to the AIHW website for reports.	Maintain or increase on previous years.
Increased availability of electronic tools to improve access to timely data.	Increased availability of electronic tools such as data cubes.	An increase on previous year.
Price: $24.421m		

Appendix F – Abolition of the Access Card project

The abolition of the Access Card was one of main cuts undertaken under the incoming Government's *Responsible Economic Management* proposals and involved reductions across several portfolios and agencies as indicated by the following extract from page 339 of Budget Paper No 2:

Responsible Economic Management — Access Card

Expense ($m)

	2007-08	2008-09	2009-10	2010-11	2011-12
Department of Health and Ageing	-	-14.8	-22.4	-22.9	-23.4
Dept of Families, Housing, Community Services & Indigenous Affairs	-0.1	-0.1	-0.1	-0.1	-0.1
Administrative Appeals Tribunal	-	-0.4	-0.5..	-1.4	-
Commonwealth Ombudsman's Office	-0.5	-0.6	-0.7	-1.8	-1.8
Department of Veterans' Affairs	-0.8	-2.4	-1.4	-1.4	-1.4
Medicare Australia	-4.5	-54.0	-57.9	-90.1	-56.3
Centrelink	-50.0	-77.9	-64.2	-113.0	-77.1
Department of Human Services	-80.9	-171.9	-119.0	-50.3	-47.4
Total	**-136.8**	**-307.3**	**-243.6**	**-258.2**	**-184.1**

Related capital ($m)		(Over 4 yrs)
AAT	-0.1	-0.1
Centrelink	-0.4	-0.4
DVA	-2.9	-2.9
Medicare Aust	-5.9	-5.9
Dept Human Services		-88.1
		-115.5

"The Government will not proceed with funding for the Access Card project, which was introduced in the 2006-07 Budget measure Human Services — Health and social services access card.

As part of this measure, the Government will provide $5.0 million per annum, commencing in 2008-09, for the Department of Human Services to maintain its capacity to develop service delivery policy.

This measure will lead to savings of $1.2 billion, including capital savings of $115.4 million for access card infrastructure.

The measure delivers on the Government's commitment to responsible economic management. (See also the related expense measures titled "Service Delivery Reform and Human Services — additional funding" in the Human Services portfolio)."