REVIEW OF AUSTRALIA'S HEALTH SYSTEM PERFORMANCE INFORMATION AND REPORTING FRAMEWORKS

https://www.healthperformanceframeworksreview.com.au/the-proposed-framework

The proposed framework for whole of health system performance information and reporting

To have your say on this section of the review, please click here to answer the following questions:

1. What are your views on the proposed framework for health system performance and reporting, including the recommendations on what should be included in the framework? Is there anything missing from the proposed framework? (Please limit response to 400 words or less)

The Dietitians Association of Australia (DAA) supports:

- Recommendation 1, which is to combine the NHPF and PAF to create one overarching health system performance information and reporting framework.
- Recommendation 2, especially with regards to the principles outlined for the proposed health system performance information and reporting framework.
- Recommendation 3, in particular the four key principles outlined to develop the indicators supporting the combined framework.

DAA recommends that public health initiatives be included within the whole-of-health system performance information and reporting framework. Take for example, nutrient fortification of the food supply with iodine and folate. Fortification of all bread-making flour with folic acid is a nation-wide public health initiative designed to reduce the incidence of neural tube defects in Australia. It is of vital importance that national public health initiatives such as this are measured (e.g. to ascertain folic acid intakes and relevant biomarkers pre- and post- implementation to identify gaps in the population who aren't covered by the general provisions) and monitored, yet the proposed framework does not seem to include or cater for public health initiatives at all. Nation-wide public health initiatives which should be considered within the framework include nutrient fortification of the food supply,

breastfeeding initiatives and aspects of the implemented Health Star Rating for food products in Australia.

2. What are your views on the recommended principles for indicator selection?* (Please limit response to 400 words or less)

* The review has recommended principles for the selection of indicators. A review of the indicators themselves was not in the scope of this review. (see pg: 11-12 of report)

The Dietitians Association of Australia (DAA) agrees that the indicators supporting the combined framework should provide for a deliberate cross-cutting focus of key populations, such as culturally and linguistically diverse (CALD) communities people with chronic conditions, people with mental health conditions, Aboriginal and Torres Strait Islanders and older people. DAA believes people with 'disabilities' (physical and intellectual disabilities) should also be included in the populations of cross-cutting focus, so that indicator measurement captures the performance of the system in terms of responding to this population.

The proposed model for the collection, supply and use of health data

To have your say on this section of the review, please click here to answer the following questions:

1. What are your views on the proposed model for health data collection, supply and use, including the recommendations on what should be included in the model? Is there anything missing from the model? (Please limit response to 400 words or less)

The Dietitians Association of Australia (DAA) strongly agrees with having a national model for the collection, supply and use of health data and supports the recommendations made on what should be included in the model. Consistency in data collection is a continuing challenge, so the benefits in achieving a national model for the effective and efficient collection, storage, analysis and reporting of health information is certainly welcome.

DAA would welcome provisions which enable better access to data to inform improvements to health systems. No doubt current limitations in accessing data relate to functional issues and cost, but policy is another barrier. For example, allied health professions would like to access de-identified data about usage of Chronic Disease Items funded by Medicare to understand which disciplines are accessed by patients for one, two, three, four or five services and the usage geographically. Ideally

more sophisticated analysis would be possible, but at least having crude statistics could inform the design of more equitable access to allied health services.

2. What are your views on the proposed tiered reporting framework for health data? (Please limit response to 400 words or less)

The Dietitians Association of Australia (DAA) strongly supports the proposed framework for tiered reporting on health data which captures the purposes of health data reporting for different audience groups and the level of detail required for each group.

The proposed recommendations for implementation

To have your say on this section of the review, please click here to answer the following questions:

1. What are your views on the recommendations for implementation? Is there anything else that should be considered? (Please limit response to 400 words or less)

'Recommendation 7' *(National leadership through the COAG Health Council should drive improvements in health system performance information and reporting):* Health ministers hold responsibility and importantly they make budget decisions. Programs are often implemented with purpose built IT systems which gather data to support service delivery. However, reporting and analysis functions are not always sufficient to inform evaluation and refinement of service delivery systems. The Dietitians Association of Australia (DAA) recommends that ministers and government departments include provision for costs of reporting and analysis of data when funding programs to support evaluation.

'Recommendation 11' *(Principles for indicator management and review should be agreed by the Australian Health Ministers' Advisory Council (AHMAC) through the National Health Information Standards and Statistics Committee (NHISSC) and the National Health Information and Performance Principal Committee (NHIPPC), which AIHW should then use to biennially review the indicators in consultation with relevant organisations):* DAA supports this but believes development of indicators

should involve all health professionals and not just medical practitioners. The principles for indicator management and review should also have strong representation from consumers.

'Recommendation 12' *(Infrastructure and digital systems, including METeOR and relevant data collection systems, should be upgraded to support the health system's increased capabilities in performance information and reporting):* DAA strongly agrees that barriers at the point of data collection must be minimised. Problems with allied health professionals uploading to e-health record could have been avoided by an inclusive approach to getting all health professionals onto the record, not just focusing on General Practitioners. Software should be designed to enable contribution of data from a range of professionals, with the least cost in mind.

'Recommendation 13' *(Key stakeholders (consumers, providers, jurisdictions and other bodies)) should be engaged to refine implementation and obtain the support and cooperation of stakeholders across the system) and* 'Recommendation 14' *(*Regular monitoring of the framework's performance and periodic evaluation of the framework's achievements of its purpose, along with implementation recommendations, should be conducted)*:* DAA supports these sanctions.

Overall, DAA supports the need for better systems to ensure data is available to inform health system improvements. An example is MyAgedCare, which collects vast amounts of information, but it seems very difficult to use that information to inform service improvement. Another example is Primary Health Networks (PHNs), where consistent reporting would be helpful to evaluate the alignment of services delivered with community needs, and to assess outcomes of services delivered.