AIHW – Joining the dots in health performance reporting in Australia

Introduction

It is a pleasure to be able to speak to you today about the health information reporting landscape in Australia, and the contribution that the AIHW makes to the success of the overall reporting arrangements.

The AIHW is the national agency set up to provide information and statistics on Australia’s health and welfare. We are a statutory authority accountable to the Australian Parliament, and governed by a Board comprising independent and government members.

As I mentioned earlier today, the AIHW will reach the milestone of 25 years’ operation on 1 July 2012.

Over the last 25 years, the AIHW has earned its reputation for independent, authoritative reporting of health and welfare matters – trusted by governments, key stakeholders in the health and welfare sectors, and the community.

The AIHW is best known for our authoritative public reporting of quality health and welfare information. For example over the past year, we put nearly 200 reports into the public arena.

Time precludes me from highlighting all of the insights provided from AIHW reports over the past year, but a few select insights include:

- We are not only living longer, but importantly living longer without disability.
- Most Australians have at least one preventable risk factor for chronic disease and nearly all of us do not consume the recommended amount of vegetables each day.
- People in lower socio-economic areas are twice as likely to smoke as those from high socio-economic areas.
- The number of new cancer cases annually is expected to reach 150,000 by 2020 – 40% higher than 2007.
- Mortality from major diseases is generally improving (declining), both over time and compared to other OECD countries.
- We have seen increases in public hospital activity in 2009-10 and 2010-11, reflecting new COAG funding agreements.
- Few hospitals had golden staph cases above the accepted benchmark, and there is an association with hand hygiene, as reported on MyHospitals.
However, our work goes beyond headlines such as these to comprehensively report on the health and welfare system that Australians actually experience. We have wide-ranging and detailed information collections, that includes population health, specific disease registers, hospital data, drug and alcohol use and alcohol and drug treatment services, mental health services and homelessness services. The AIHW is very well placed to draw this information together, as we have done in the new edition of Australia’s Health.

Our ability to “join the dots” and go beyond the comparatively narrow reporting of specialised sectors of the health system is a large part of the value for money we provide and allows governments and the community to get greater value from our information holdings.

Our focus on the development and application of national data standards and reporting of data quality provides assurance to all data users that the information we report is likely to be as consistent and accurate as possible. This contrasts to the experience of the education sector, where lack of attention to data standards has meant that jurisdictional administrative data lacks comparability.

Our scale and experience also means we have built up considerable expertise around communication of health information. This is not trivial, as the most useful information can be lost in jargon and poor or misleading presentation of information. The community are expecting information to be provided to them in more accessible and interactive forms such as the internet, mobile devices and apps. The new technologies provide us with many opportunities for effective and innovative presentation of information, where data users can get information that is better tailored to their requirements. And the community, including yourselves, can access this for free from our website (aihw.gov.au).

**What are the benefits and purposes of transparent reporting of information?**

There are many benefits from robust, transparent reporting of health information.

1. The community gets an understanding of what its significant contribution to health (nearly one tenth of our economy’s GDP) actually buys in terms of health services, and desirably improved health outcomes, improving the accountability of the health system and governments to the community

2. The information helps inform health policy – to point to problem areas that need addressing, to modify approaches that are found to be ineffective or sub-optimal or expand approaches that are working well

3. The decision making of clinicians and health service managers can be better informed, to improve the effectiveness, efficiency and outcomes at a local level

4. Australia’s international reputation for health and medical research is based in no small part on a strong health information system

We certainly expect a lot from our health reporting systems.

The complexity of our health system, with its multiple components and complex governmental responsibilities, makes it more difficult to simply report on our health system. However, this system complexity also makes it important to have consolidated system reporting.
We expect health reporting to meet the requirements of a number of key interests, from the consumer and the community through to governments, to meet the needs of those designing, defending and improving policy settings, and also informing those involved in clinical research and the local delivery of health services.

The information requirements of local clinicians are likely to be quite different, in nature and presentation, to that which would meet the needs of the broader community wanting assurance that their health system is effective, safe and efficient.

For example, the information reported by the COAG Reform Council based on a number of key performance indicators provides an overview of the health system for heads of government that might also be suitable for informed community members.

While this might partly also meet some of the information requirements of policy analysts in government, academia or advocacy groups, they are generally also looking for much more detailed information. This is likely to be sourced from the more detailed information compiled and released by a trusted body such as the AIHW, noting that we are also the source of much of the information reported by the COAG Reform Council for the health system (as well as welfare services).

**Order within diversity**

The diversity of needs that health information is seeking to address and the multiplicity of audiences and their preferred information formats should not then lead to an information free-for-all. Governments and the community can waste a lot of money and effort on information systems that are not well designed, implemented or maintained. There needs to be clear order within this diversity.

Positively speaking, there is a lot to gain from having robust, effective health information systems that have clear data standards, efficient data collection mechanisms and verification processes to ensure there is a single source of the truth.

Achieving this outcome requires order and structure in the health information arena, and some “managed creativity” to develop and improve health information in a manner that builds on and improves the information already available.

I would suggest that an effective system of health performance reporting, would encapsulate a number of dimensions:

- Having a clear robust framework, such as the National Health Performance Framework and the very close International standards framework,
  - that can help place the information in an overall context and structure
  - that enables us to see where the information gaps are so that action can be taken to remedy those information deficits
- Agreed national standards, definitions and analysis methods for use in data collection and reporting,
  - so we are sure that information being drawn from different jurisdictions or a greater number of individual service providers is consistent, and that there is a line of sight between past reporting and future reporting to be able to measure change over time
- Efficient data collection
  - technology can provide opportunities to streamline and improve the veracity of information, and change the way in which information is best collected to meet anticipated needs
  - and recognising that because there are costs to the collection of health information, we should as far as possible have the approach of collect once and use often

- Robust reporting
  - that also desirably has consistency between the various layers of reporting (national/jurisdictional and regional), between jurisdictional reports and those emanating from national bodies, and data that are fit for purpose

- Timely reporting
  - a growing awareness that information that is seriously delayed is less useful for many purposes (like driving a car by looking through the rear view mirror)
  - and, in this respect, we need to give consideration to what quality is good enough, as the drive for perfection can lead to no information or very late information

- Effective presentation of information,
  - reflecting the multiple receivers/stakeholders of information, their diverse information requirements (patients, community, clinicians, health service managers, health policy agents, advocacy and representative groups, regulatory bodies, Parliaments) and their preferences and ability to receive information in different ways

The AIHW is transforming the way we collect and process data and the way we produce statistical information and information services. We expect to be even more effective, more efficient and more timely in the future as we take greater advantage of contemporary technologies and business processes. We also expect this will enable data and metadata to be presented and accessed more readily in a variety of outputs and media than is currently the case.

**What have governments signed up to?**

Through the recent National Health Reform Agreement and the 2008 COAG agreement around federal financial arrangements, heads of government have signed up to

- multiple reporting arrangements, with the COAG Reform Council reporting to the community and governments on the National Health Agreement Performance Framework, the Steering Committee for the Review of Government Service Provision (SCRGSP) annual Report on Government Services and the new National Health Performance Authority to provide
reports on Local Hospital Networks and Medicare Locals utilising the structure of the Performance and Accountability Framework

- COAG have largely determined what is to be reported by the CRC, SCRGSP and NHPA processes.

The AIHW’s legislation, which largely dates back to our establishment 25 years ago, requires us to provide a report every two years on the state of Australia’s Health, and we also have the remit to produce health information and statistics, conduct and promote research, and enable researchers to have access to health information and statistics.

The more recent National Health Reform Agreement signed by heads of government less than a year ago had the foresight to also require the new health agencies to develop rolling three year data plans that must:

- meet data requirements through existing national collections (and data standards) where practical
- use existing data development governance processes and structures, except where this would compromise performance of its statutory functions
- support the concept of “single provision, multiple use” of information to maximise efficiency of data provision and validation
- protect the privacy of individual healthcare users
- require the Commonwealth and the States to take responsibility for data integrity within their systems and agree to establish appropriate independent oversight mechanisms for data integrity
- and that, over time, data should be streamlined and rationalised to reduce administrative overheads and facilitate data sharing

These are excellent principles to promote effective and efficient collection and reporting of health information in Australia.

I would suggest that these data principles should be guiding principles for all of us engaged in data collection and reporting.

An opportunity for joined up processes

AIHW’s partnerships with all governments and key stakeholders together with sound processes to govern the collection, use and protection of an individual’s data means that AIHW is ideally placed to contribute to the achievement of COAG agreements, including but also beyond the National Health Reform Agreement.

In fact, I would suggest that AIHW engagement in the national health reform processes is critical to ensuring there is a line of sight between the respective reporting bodies.

AIHW quality assured information is the source of a considerable amount of the contemporary health sector reporting

- the AIHW coordinates much of the source information for health sector performance reporting by the COAG Reform Council, and has an ongoing activity to improve the quality and availability of information for CRC reporting.
• we contribute much of the information reported by the Steering Committee on the Report on Government Services in their annual report each January (across the health, housing and community services sectors, as well as more specialised information relating to corrections and juvenile justice)
• we are working with the National Health Performance Authority so they can utilise the data flows already received and quality assured by the AIHW, for reporting at the regional and local level
• we also undertake our own comprehensive reporting, such as our legislated report card on Australia’s Health every two years and our regular publications and web-based reporting on specific perspectives on health status, risk factors, diseases and health system performance.

The AIHW delivers this through trusted relationships, with data providers (both governments and non-government organisations) as well as partnerships across government and the health sector with those who use this information. These vibrant partnerships are critical to the AIHW being able to deliver on both its legislative requirements and funded tasks.

Overall, this delivers on the COAG objectives around effective use of prevailing data standards, making use of existing data collections and methods to the maximum extent possible, with the goal of timely reporting of information.

Critically, it also leads to consistency and joining up the dots between these respective reporting arrangements.

Without such consistency, community and government trust in performance reporting may be seriously compromised, as people might shop around for the version of the “truth” that suits their pre-conceived notions.

**Extracting more value from data collections and performance reporting**

As I noted earlier, there is considerable intrinsic value in the accurate, transparent reporting of health status, health risks and health system performance

• it drives accountability and performance improvement by governments and non-government service providers
• it builds confidence in our health system around the aspects that work well and points to other areas of improvement expected from the community

This represents a large part of the core activity of the AIHW.

Complementing the way we currently use health information, I would like to suggest that more public value could be achieved from more extensive use of this information beyond the information and performance reporting dimensions.

Health information is a public resource which has been paid for by taxpayers in the case of public sector sourced information and by service users and government subsidies in the case of private sector services. It is too valuable to be under-utilised.

For example, quality information can and should be used:

• to assess major disease trends and developments in the fatal and non-fatal burden of disease;
• to assess the effectiveness of particular health service strategies, or core elements of our health care system such as hospitals and primary care, desirably taking a long term view of the respective costs and benefits

• to consider how the health system, health-related behaviours and health status interacts with other important public policy issues such as an ageing population, disability, labour force participation, productivity and living standards

• and as the basis of innovative research which will contribute to shaping our future health services and treatments

We need to fully harness the value of our health information.

This is where the authoritative analysis, infrastructure and expertise of the AIHW are essential, and why we continue to build capability in these areas.

As I noted earlier, the AIHW has expertise in managing a wide array of very complex and sensitive data, with a focus on health and welfare services. The diversity and richness of this data provides the AIHW with the opportunity, and the responsibility, to analyse the key relationships that would otherwise remain hidden if we just focussed on reporting of specific sectors.

The AIHW uses its understanding of disadvantage and welfare services, the other core part of our responsibilities, to draw a number of these important links to health. You will notice in Australia’s Health that we have made significant comment on health disparities across the socio-economic spectrum, and we have a special feature on the health status and health service use of people with disability.

To provide another example, our data holdings across drug and alcohol use, homelessness services and mental health provide an opportunity to analyse key relationships without the need for costly and intrusive surveys and additional administrative data collections.

The AIHW has a long-established reputation for ethical and respectful use of sensitive information that derives value for policy makers and the community and does not compromise the privacy of individuals. Through a $2 million grant from the Commonwealth Government, we have increased our data integration capability and are finalising accreditation as a Commonwealth Integrating Authority to link sensitive Commonwealth data. The AIHW has a proud history of safe data linkage, and the extra insights this provides to policy makers and researchers, but this new capability will enable us to do much more than was possible in previous years.

Within our strong governance arrangements, including our legislation, strong privacy practices, and good relationships with data providers, we regularly enable researchers to access the data holdings at the AIHW. We provide them with support on how to use our data so that it is both meaningful as well as accessible. We have an established, well-respected Ethics Committee process to manage requests for sensitive information, that also assesses the validity of the proposed research and puts in place clear requirements around collection, use, storage and retention of data.
Concluding remarks

25 short years ago, the Australian Institute of Health and Welfare began its proud tradition of reporting to the Parliament and the people of Australia on the health of the nation.

From our early information dense and technical reports, we now offer multi-layered products designed to meet the needs of many different audiences. One can only imagine what will be the reporting options in the future – considering the remarkable development and pervasiveness of the Internet over recent years.

The enhanced focus on transparent reporting of our health system points not just to the way of the future, but a future that is already here. Effective partnerships are developing between all of those responsible from the start to the end of the information spectrum, from clinicians to reporters of information. The AIHW is making its contribution to enable these arrangements to work well for everyone.

I predict an exciting and illuminating time ahead for health reporting, which ultimately should lead to improved health outcomes for the community.