

Health-related information

The AIHW's health-related information activities in 1999-00 spanned the development, compilation and dissemination of a wide range of national health statistics in the areas of population health (including the National Health Priority Areas) and health services and resources.

The National Health Information Agreement (NHIA) continued to provide the infrastructural support for many of these activities, including collation and publication of data collected as the Agreement's national minimum data sets (NMDSs). This year, the data for the NMDS for Mental Health Care were published for the first time, and a new NMDS for alcohol and other drug treatment services was agreed to. The Agreement also facilitated cooperation and collaboration over a wide range of information and development activities with the States and Territories, the Department of Health and Aged Care, the Australian Bureau of Statistics, and the Health Insurance Commission, which became a signatory to the Agreement during the year.

As previously, coordination with outside health-related activities was maintained not only through the Institute's membership of the NHIA, but through a range of other formal and informal links. Important among these were attendance at meetings of the Australian Health Ministers' Advisory Council, and membership of the Electronic Health Records Taskforce, the National Public Health Partnership and the National Public Health Information Working Group. The management, advisory or steering committees that exist for a number of the Institute's health information projects also facilitate communication and coordination with other agencies and activities. These groups include external experts, stakeholders and users of health information, and help to ensure the quality and appropriateness of the Institute's health information products.

Health-related information activities were also conducted under the auspices of external bodies through agreements that both establish and provide funding for specific work programs. The Department of Health and Aged Care is a major work program funder, but funding was also received from the Department of Veterans' Affairs, the Australian Health Ministers' Advisory Council, the Australian Medical Workforce Advisory Committee and other agencies. This funding allowed the Institute to make significant advances in several areas of health information, including the publication of Australia's first national report on its burden of disease, the first annual report of the BEACH general practitioner survey program, a compendium report on the health and wellbeing of Australia's youth and the ninth edition of the *National Health Data Dictionary*.

Australia's Health 2000 was a major focus for the year and was released in June 2000. The report was considerably revised in comparison with previous reports in this series. It was structured to follow a conceptual framework of health that sees health, disease and disability as a result of a complex interplay of many factors, both individual and environmental, which can be modified to various degrees by prevention activities, treatment and other interventions, supported by human and material resources, including health information.

The structure of the rest of this chapter is also based on this conceptual framework for health, presenting achievements in health-related information under headings of health of populations (encompassing the health of Australians and determinants of their health), health services and resources, and health information infrastructure and services.

Health of populations

National public health information development

The National Public Health Information Development Plan prepared by AIHW in consultation with public health stakeholders, and endorsed by the Australian Health Ministers' Advisory Council, provides the major strategic document for improving public health information in Australia. The Plan was launched by Dr Andrew Wilson, Chair of the National Public Health Partnership, in August 1999.

The Plan was motivated by the need to strengthen capacity and infrastructure to provide consistent, reliable public health information. The Plan identifies the priorities and recommends the action necessary to meet those needs and to improve public health information in Australia. The National Public Health Information Working Group (NPHIWG) is responsible for implementing the Plan and has developed an implementation work program.

The Institute is closely involved with NPHIWG. Richard Madden, the Director, is Joint Chair of NPHIWG, and AIHW provides the secretariat. It also provides the secretariat for an NPHIWG committee, the National Computer Assisted Telephone Interview Health Survey Technical Reference Group.

Burden of disease

The report of the first national study of burden of disease, *The Burden of Disease and Injury in Australia*, was released in November 1999. This study was built on the work of the World Health Organization's 1990 Global Burden of Disease Study, modifying the methods for the Australian context. Illness, injury, impairment, disability and mortality arising from a comprehensive list of 176 diseases and injuries, including coronary heart disease, stroke and the major cancers, were measured using the disability adjusted life year or DALY. These were combined into 22 major disease and injury groups. The report also provided estimates of the disease and injury burden associated with 10 major risk

factors, including tobacco, alcohol, high blood pressure and physical inactivity, and with the six National Health Priority Areas.

Rural health

Work continued on development of rural health information, although the AIHW's capacity was restricted by resource constraints. Although effort was put into developing proposals for establishing rural and remote health monitoring and reporting and related structures and processes, there was little response from possible funding agencies for such a system and no implementation action was undertaken.

Development has commenced on a collaborative relationship with the University Departments of Rural Health network to improve access to AIHW data, subject to meeting confidentiality requirements, and thereby improve the scope for rural health research. Mr Geoff Sims, Head of the Health Division, was a member of the National Health and Medical Research Council Rural Health Research Committee.

The Institute has signed a collaborative agreement with the National Key Centre for Social Applications of Geographic Information Systems to work on the development of the Accessibility/Remoteness Index of Australia (ARIA) in relation to health and health services data held by AIHW. Work on ARIA and geocoding in relation to rural and remote areas will proceed in cooperation with the University Departments of Rural Health.

Also during 1999-00, the Institute published detailed analyses of the rural medical, nursing and pharmacy workforces in its labour force publications. A needs-based analysis of general practitioner workforce requirements for rural and metropolitan areas was undertaken for the Australian Medical Workforce Advisory Committee's working party on general practice. The Institute coordinated a national review of the questionnaire for the annual national medical labour force survey to address data deficiencies in rural and hospital medical workforce statistics. The Institute also participated in workshops to develop a national minimum data set for Rural Workforce Agencies.

Environmental health

Building on work undertaken last year to develop national indicators of environmental health in the context of human settlements, the Institute participated in a consortium led by CSIRO to generate a profile of environment health in Australia. The profile was prepared for inclusion in the *State of the Environment 2001* report, a legislative requirement under the *Environment Protection and Biodiversity Conservation Act 1999*, being overseen by the Australian State of the Environment Committee.

As part of the implementation of the National Environmental Health Strategy, the Institute is working with enHealth Council through the enHealth Information Task Force to develop an effective environmental health information

system. Such a system should meet the needs of environmental health practitioners and managers, health professionals, policy makers, researchers and the general community. Work was also initiated on developing a project, in collaboration with CSIRO and other agencies, to correlate health outcomes with various environmental factors spatio-temporally.

National Diabetes Register

The National Diabetes Register was established in 1999 as part of the National Diabetes Strategy, to collect information about Australians who have been diagnosed with insulin-treated diabetes since 1 January 1999. Data for the register come from the National Diabetic Services Scheme (operated by Diabetes Australia) and the Australasian Paediatric Endocrine Group, which provides data about young Australians who have diabetes.

Information contained in the register will assist in monitoring the incidence of insulin-treated diabetes in Australia (including Type 1, Type 2 and gestational diabetes). Researchers will also be able to use the register and it is expected that it will become an important source of information for clinical and epidemiological studies of the causes, complications and possibly prevention of diabetes.

Aboriginal and Torres Strait Islander health information

Following the resignation of the former Director of the Institute's Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), a senior officer of AIHW was successful in her application for the position. The AIHW welcomes the resulting opportunity for ever greater cooperation with the ABS in this important endeavour to improve Aboriginal and Torres Strait Islander health and welfare.

The second edition of the ATSIHWIU flagship publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, was published in August 1999 and has proved particularly popular. A companion summary booklet was released in October.

Two occasional papers, *Mortality of Aboriginal and Torres Strait Islander Australians*, released in April 2000, and *Hospital Statistics, Aboriginal and Torres Strait Islander Australians 1997–98*, released in June 2000, have generated considerable interest. The latter is the first comprehensive report on Indigenous data from hospital separations collections and, although it was limited by data quality, particularly when comparing different jurisdictions, results indicated that there is a higher level of hospital utilisation by the Indigenous population compared with the general Australian population.

Work is continuing to improve the completeness with which Indigenous people are recorded in health administrative data sets and in birth and death registrations. Birth and death registration work continues to be undertaken in collaboration

with the ABS. Through the conduct of data quality audits and other actions, a number of ways in which the quality of Indigenous birth and death registration data can be improved have been identified and are being reflected in significant increases in the coverage of Indigenous birth and death registrations. For example, based on 1996 Census projections, the estimated coverage of Indigenous births increased from 59% in 1995 to 90% in 1998, and the estimated coverage of Indigenous deaths increased from 36% in 1995 to 61% in 1998.

Despite these apparent improvements in data quality, concern still exists about the reliability of the current methods for estimating the expected numbers of Indigenous births and deaths. A report on alternative methods has been undertaken and its recommendations are currently being considered to assess their operational feasibility.

Two projects have been undertaken with AIHW's hospital separations collection. The first project developed, implemented and evaluated a method of assessing the completeness of identification of Indigenous peoples in hospital records. This project involved different hospitals throughout Australia and approximately 10,000 hospital patients. The Australian Health Ministers' Advisory Council subsequently endorsed the methodology of the pilot project and funded the implementation of the methodology in each State. ATSI-HWIU has a leadership role to play in facilitating and providing technical advice to the jurisdictions. In response to the need for best practice procedures for collecting data on Indigenous status, a project evolved which included the development and dissemination of promotional and training materials and implementation of these 'train-the-trainer' programs in partnership with ABS regional offices, hospitals and health authorities.

A mid-term report on implementation of the National Indigenous Health Information Plan has been provided to the National Health Information Management Group.

Child and youth health monitoring

Australia's Young People: Their Health and Wellbeing 1999 was published at the end of 1999. This was the first national report to focus on the health of young Australians and includes information on major risk factors, injuries and important diseases. It follows the publication in 1998 of a similar report on children.

Information frameworks for child and youth health, developed by the AIHW in consultation with national advisory groups, were approved by AHMAC. These information frameworks will serve as the basis for the development of indicators for future monitoring and reporting on the health and wellbeing of these two groups. A draft set of child health indicators has been produced and has been distributed for comments.

Perinatal mortality and morbidity

Indigenous Mothers and their Babies, Australia 1994–1996 and *Australia's Mothers and Babies 1997*, the eighth and ninth reports in the Perinatal Statistics Series, were published using data from the State and Territory perinatal collections and registrations of perinatal deaths. *Indigenous Mothers and Their Babies, Australia 1994–1996* for the first time presented the information by Aboriginal and Torres Strait Islander Commission regions. *Australia's Mothers and Babies 1997* included a new section on international comparisons of perinatal mortality. This report drew particular attention to the continuing upward trend of the average age of mothers giving birth, the increasing occurrence of multiple births, the shorter hospital stays of mothers after childbirth, and the differences in caesarean rates according to maternal age, parity and patient status.

Improvements to the national perinatal database have been made through a review of perinatal data, including adoption of ICD-10 and improved compliance with the *National Health Data Dictionary*. Liaison with the data providers includes the annual reproductive health forum involving State and Territory perinatal health data managers and other professional and consumer groups.

The National Perinatal Data Development Committee has focused on the continuing development of perinatal data item definitions for the *National Health Data Dictionary*, a review of a draft clinically based system for a classification of the causes of perinatal death, a review of the process for data development and continued work on improving the quality of data recorded in the perinatal collections.

Maternal mortality and morbidity

The National Advisory Committee on Maternal Mortality and Morbidity was convened for the first time in August 1999 to guide and support the preparation and development of two reports, *Maternal Deaths, 1994–1996* and *Maternal Morbidity, 1994–1996*. The latter is the first national report on maternal morbidity and will draw on a subset of the AIHW national hospital morbidity database and the perinatal data collection to supplement the long-established core reporting of maternal deaths.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres in Australia and New Zealand performing in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), gamete intrafallopian transfer (GIFT) and related procedures. *Assisted Conception, Australia and New Zealand, 1997* was published by the National Perinatal Statistics Unit and the Fertility Society of Australia in September 1999.

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children which produces national, State and Territory reports on dental caries experience. Data are collected at the time of dental care provision to children by the school dental services in each State and Territory.

The Survey provides a reference point by which dental caries prevention and management programs in Australia may be assessed. The Survey also allows analysis of regional and social variation in oral health, and provides the basis for valuable additional research projects.

National and State reports for 1996 were published in 1999. Publication of more recent reports was delayed due to problems acquiring some data. The national report and State reports for 1997 were being completed at the end of 1999-00.

The Survey was last revised 10 years ago and a proposal to improve the quality of data on social characteristics, linkage with service provision data, and linkage of individual data records over time is being discussed with stakeholders as they move to computerised clinical and management information systems.

Young Adult Oral Study

A Young Adult Oral Study, a cohort investigation into access to dental services and oral health, was undertaken for a random sample of 20-24-year-olds in Adelaide in relation to sociodemographic factors, health behaviours such as smoking, and living arrangements.

Data have been collected through computer-assisted telephone interviewing techniques on a random sample of young adults, and clinical examinations were conducted using three calibrated examiners in clinical settings. Baseline data collection was completed in 1999, and results have been published. The study has indicated that not all the gains in oral health among children and adolescents are carried through to adulthood. Substantial levels of untreated oral disease were observed, yet reported dental visiting was minimal. Both are associated with general health behaviours and living arrangements, as well as sociodemographic factors.

Adult oral health

Data on the oral health of adults using public dental clinics are being collected within a monitoring survey of adult oral health. Data have been combined from the 1995 and 1996 Adult Dental Programs Surveys and analysed and reported in two AIHW DSRU Research Reports during 1999, one dealing with patterns of decayed teeth among public patients and the other with Indigenous oral health. A scientific paper dealing with caries experience by type of care and geographic location was published in the *Australian Dental Journal*. Efforts are under way to extend the Adult Dental Programs Survey data collections in all States and Territories as they move to computerised clinical and management information systems.

Adelaide Dental Study of Nursing Homes

A study of the oral health and needs of older adults resident in nursing homes and the provision of dental services to nursing home residents began in late 1997 with support from the Australian Dental Association (SA Branch). Collection of clinical examination data was completed in late 1998. Two-thirds of residents were edentulous. The vast majority of the participants had Mini-Mental State Exam (MMSE) scores indicative of dementia, and just over half had scores indicative of severe dementia.

The 1-year follow-up data collection was completed in 1999 with the support of a grant from the Australian Dental Research Foundation. Clinical examinations for existing and new nursing home residents revealed that residents were admitted with a compromised oral health status, and that oral diseases continued to progress during institutionalisation.

Injury surveillance

The National Injury Surveillance Unit (NISU) continued to undertake injury surveillance at the national level, fulfilling its commitment to provide information and expert advice on injury prevention and control. It engaged in all aspects of surveillance, placing special emphasis on analysis and dissemination of information, and on surveillance methods development. NISU holds national data sets relating to injury deaths and hospitalisations, including spinal cord injury admissions and these data provide the foundation for the statistical publications of the Unit; this year the *Australian Injury Prevention Bulletin*, specialised reports, and three issues of the *Injury Issues Monitor* were produced.

The Unit also contributed to other reports and publications, both external and internal, and responded to numerous information requests from a variety of sources. NISU personnel were invited to present injury data and related information and advice through conferences, seminars and advisory bodies. NISU's Director was a member of the National Injury Prevention Advisory Council (NIPAC).

Injury surveillance data standards work included preparation of the data dictionary for the National Coronial Information System in collaboration with staff of the National Occupational Health and Safety Commission. NISU also completed a program of field testing of the revised draft International Classification of External Causes of Injury (ICECI). Liaison was maintained concerning the injury items in the *National Health Data Dictionary*, parts of the International Classification of Diseases dealing with injury (in consultation with the National Centre for Classification in Health) and other strategies and standards.

Operation of the Australian Spinal Cord Injury Register (ASCIR) continued, in cooperation with the six specialist spinal units in Australia. The 1998–99 edition of the annual statistical report on SCI was released in December 1999.

Development of electronic methods for disseminating publicly available injury surveillance information continued and an increasing number of clients chose e-mail notification of new reports available on the NISU web site in preference to receiving hard copy reports.

Validation study of the morbidity of Vietnam veterans and their children

In 1998, the AIHW was contracted by the Department of Veterans' Affairs to validate selected health conditions for Vietnam veterans and their children, as reported in a 1997 Vietnam veterans morbidity survey. Each of the conditions to be validated showed higher prevalence in veterans than for the general population.

The validation exercise initially involved obtaining the permission of the veterans and their children to validate their conditions through health registers such as the National Cancer Statistics Clearing House, the Congenital Malformations Register and the National Death Index (all held at AIHW). Where relevant records were not available through these registers, the treating doctor was contacted seeking confirmation of the reported condition.

A detailed report of the findings of the validation exercise was published jointly by AIHW and the Department of Veterans' Affairs in December 1999.

National Health Priority Areas

NHPA surveillance and monitoring

The AIHW is responsible for the surveillance and monitoring of the National Health Priority Areas (NHPA) of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus and asthma. In addition to statistical input to biennial reports to the Health Ministers on various priority areas, it also provides regular updates on NHPA indicators in its flagship publication *Australia's Health*.

During the year, the Institute published reports on cardiovascular health, mental health and diabetes mellitus jointly with the Commonwealth Department of Health and Aged Care. The reports include succinct overviews of the state of play in relation to cardiovascular conditions, mental disorders and diabetes in Australia, as well as baseline data for various indicators.

Cardiovascular disease and diabetes monitoring

The AIHW maintained the national registers of cardiac surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures performed in Australia. The reports *Cardiac Surgery in Australia 1995* and *Coronary Angioplasty in Australia 1996* have recently been published in collaboration with the National Heart Foundation of Australia, and reports for 1998 and 1999 are in preparation.

A national physical activity survey was conducted in 1999 as a follow-up to the 1997 Active Australia National Physical Activity Survey. Data were collected from over 2,500

Australians in all States and Territories during November and December. The publication and launch of the report from this Survey is scheduled for August 2000. The Survey was funded by the Department of Health and Aged Care.

The development of national data standards for physical activity was completed and recommendations have been included in the National Health Information Knowledgebase. The database is available on the AIHW web site.

On behalf of the National Public Health Partnership, the Institute undertook the development of a business case for a national population health survey that contains a physical measurement component. Regrettably, timing pressures prevented the attachment of such a survey to the planned 2001 ABS National Health Survey. The Institute is now involved in further development of the proposal in partnership with the Department of Health and Aged Care.

An on-line National Cardiovascular Disease Database has been developed in collaboration with the Institute's Data Management Unit to provide a user-friendly interface for people wishing to access data held by the Institute relating to cardiovascular disease, its risk factors and treatment.

The Organisation for Economic Co-operation and Development (OECD) is conducting a study of cross-national differences in the treatment of ageing-related diseases, and the Institute has been designated as contact within Australia for ischaemic heart disease (IHD) and stroke. The main goal of the project is to conduct comparative studies on treatment, costs, and outcomes related to IHD and stroke across OECD countries. The Institute also participated in the first international conference on women, heart disease and stroke and an international roundtable on the global burden of disease.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House improved timeliness of published cancer incidence data to within 3 years of the reference period, publishing 1996 data in November 1999. *Cancer in Australia 1996* included an international comparisons section where the latest available New Zealand data were featured for the first time. Work has commenced on national cancer survival analysis, focusing on the 20 most common cancers in Australia. The National Cancer Statistics Clearing House continues to play a role in working towards national data standards, the development of privacy guidelines for cancer registries and the development of cancer registry data.

Breast and cervical cancer screening project

The AIHW monitors and reports on the performance of the National Cervical Screening Program and the BreastScreen Australia Program. The Institute is advised by the National Screening Information Advisory Group and works closely with the working parties of the National Advisory Committees for both programs and the Commonwealth Department of Health and Aged Care. Two reports, *BreastScreen Australia*

Achievement Report 1997 and 1998, and Cervical Screening in Australia 1997–1998 were ready for publication at the end of the financial year. These second annual reports of the programs add substantially to the information available on screening in Australian women.

The Institute was also successful in its tender to develop a data dictionary for BreastScreen Australia. The data dictionary will document data element standards to facilitate consistent application in reporting at a national level. Development of standard data definitions will help in refining current monitoring indicators and also aid development of new indicators.

Asthma

Australian Health Ministers declared asthma the sixth NHPA in August 1999. In accordance with NHPA monitoring and reporting requirements, a set of 20 indicators was developed in consultation with experts through a workshop organised by the Institute on 9 June 2000. The indicators target key areas in asthma morbidity, management, disability and mortality. The national indicators will be submitted to the Australian Health Ministers' Advisory Council for endorsement through the National Health Priority Action Council.

Work began on the establishment of the Australian Monitoring System for Asthma, in consultation with the National Asthma Campaign and the Commonwealth Department of Health and Aged Care. The Institute will manage the system overall but plans to outsource the major monitoring activities to an academic or research organisation, to be set up as a collaborating centre of the Institute.

International health

The AIHW is responsible for supplying Australian health data and health-related data to a number of international organisations, including the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO).

Australian statistics for indicators in the OECD health database were updated during 1999–00. Health statistics compiled by the OECD on its member countries were also made available for analysis within the Institute, and to outside researchers and policy makers. The Institute attended a 2-day international meeting in Paris, on 9–10 March 2000, to discuss the further development of the database.

Data was also supplied to WHO, in order to update the Country Health Information Profile and Western Pacific Region Health Data Bank for Australia.

Health services and resources

Neonatal intensive care

The Australian and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research. Information on perinatal outcomes for babies treated in neonatal intensive care units was published in *Australian and New Zealand Neonatal Network 1996–1997*.

The Network ceased its formal links with AIHW with the finalisation of the 1997–98 report in mid-2000. Negotiations are under way for data to be supplied by the Network for publication by AIHW for future years.

Australian hospital statistics

Australian Hospital Statistics 1998–99 was ready for publication at the end of the financial year and was released on 14 July 2000. In the latest report, diagnosis, procedure and external cause data were presented for the first time using the Australian modification of ICD-10, ICD-10-AM. As implementation of this new classification occurred in only four jurisdictions in 1998–99, the Institute mapped data from the other jurisdictions from ICD-9-AM, which had been used previously to allow the presentation of Australian data using ICD-10-AM. The latest report also included maps depicting hospitalisation rates by geographical area for the six National Health Priority Areas and summary information from the Department of Health and Aged Care's 1998–99 National Hospital Cost Data Collection. Several new tables were added to the report and a list of the hospitals which contributed to the report accompanied the report on the Internet for the first time.

Performance indicator data featured in the report, as in the 1996–97 and 1997–98 reports. Included was analysis of the cost per standardised separation by jurisdiction and, for the first time and using a methodology agreed to by all States and Territories, for different hospital peer groups.

The Australian Hospital Statistics Advisory Committee met in November 1999 and March 2000. This group, which includes representatives of hospital data providers and a range of other hospital data users, has helped the Institute to shape the report to suit the needs of data users and is assisting with forward planning for future hospital statistics reports.

National Hospital Morbidity Database

Improvements to the National Hospital Morbidity Database and dissemination of national hospital morbidity statistics continued, as did close liaison on the compilation and use of the database with the data providers in the States and Territories. This year, further work on improving the quality of the database's geographical data relating to the patients' area of usual residence was undertaken. Provision of ad hoc data services continued for a wide range of data users.

The Institute has continued to work collaboratively with the Department of Health and Aged Care to ensure that the 1998-99 National Hospital Morbidity Database at the Institute and the corresponding database at the Department are as equivalent as possible. This has reduced duplication of the effort required of data providers and ensured that data disseminated by the two agencies is comparable.

Data development work continued through participation in the National Health Data Committee and associated data development working groups. This year, an evaluation of the national minimum data set for admitted patient care was undertaken for the National Health Information Management Group. Work undertaken with the Department of Health and Aged Care led to the development of a revised range of data elements for hospital-admitted patients for implementation from July 2000. Further development is being undertaken, for example, to identify 'hospital in the home', and who pays for admissions.

The Institute continued its representation on the National Centre for Classification in Health's Coding Standards Advisory Committee, which advises the National Centre for Classification in Health on the revision of ICD-10-AM.

The Institute is also preparing a report to assist data users with the transition to ICD-10-AM from ICD-9-CM. An analysis of a small dual-coded data set compiled in 1997 is being undertaken as well as time series analysis for some areas of the classification, including comparisons of actual and predicted separation counts for 1998-99 in ICD-9-CM and ICD-10-AM. In addition, assessment of appropriate ICD-10-AM codes to use for indicators (e.g. for National Health Priority Areas) which use hospital morbidity data is being undertaken.

Waiting times for elective surgery

Elective surgery waiting times data were compiled for 1995-96 and 1996-97 and a working paper was prepared reporting the data and discussing the inconsistent data definitions and collection practices used by the States and Territories for those years. Data for 1997-98 were also compiled and published. Some critical data elements, identified through these processes as problematic, are being reviewed with a subcommittee of the National Health Data Committee.

National Minimum Data Set for Mental Health Care

The first AIHW report on *Institutional Mental Health Services in Australia 1997-98* was released in January 2000. This report presents information from the National Minimum Data Set for Mental Health Care for admitted patients. The development of this NMDS continues in collaboration with the States and Territories, with funding support from the Department of Health and Aged Care. The NMDS is designed to facilitate policy and epidemiological analyses of mental health services and client characteristics, and to allow

monitoring of mental health service delivery under the provisions of the Second Plan of the National Mental Health Strategy. Collection of community mental health service information has also begun, and will be progressively included in future AIHW reports on mental health services.

National Minimum Data Set for Alcohol and Other Drug Treatment Services

Substantial work was undertaken by AIHW during 1999–00 to facilitate the introduction of a new national data collection beginning on 1 July 2000. This work on the National Minimum Data Set for Alcohol and Other Drug Treatment Services was conducted with support from the Department of Health and Aged Care and in partnership with the States and Territories. The collection includes data on both patient and establishment levels, and will be used in planning and policy developments designed to reduce drug-related harm as outlined in the National Drug Strategic Framework 1998–99 to 2002–03. An information paper which includes data collection guidelines and the detailed definitions that form the data collection was released in June 2000.

Palliative care information development

An information paper, *Palliative Care Information Development*, was released in February 2000. This paper provides a summary of existing data on palliative care services (including an analysis of admitted patient services in 1997–98) and reports on the progress of the national minimum data set (NMDS) development activities.

Work in 1999–00 has focused on developing the Community Patient Palliative Care NMDS, which is planned to build on information currently available through the Admitted Patient Palliative Care NMDS. A feasibility study is also being conducted to describe information systems in community-based palliative care services, report on the capacity of States and Territories to collect candidate community patient palliative care NMDS data elements, and report on the information needs of key stakeholders.

These palliative care information development activities are under the auspices of the Palliative Care Intergovernmental Forum and have been funded by the Department of Health and Aged Care under the National Strategy for Palliative Care 1998–2003.

Survey of general practice activity

The General Practice Statistics and Classification Unit (GPSCU), a collaboration between the AIHW and the University of Sydney's Family Medicine Research Centre, has continued to conduct the national survey of general practice activity, known as the BEACH program (Bettering the Evaluation And Care of Health). The program is funded by a consortium of government and industry and is now in its third year. In the first 2 years, 2,031 randomly selected GPs participated, and their data provides a national database of details on 203,100 GP–patient consultations, 98,400 in the first year and 104,700 in the second.

Results from the first year of the program were reported in *General Practice Activity in Australia 1998–99* (October 1999) and in *Measures of Health and Health Care Delivery in General Practice in Australia* (May 2000). The former described the GP participants, the characteristics of the patients, morbidity managed, medications prescribed, and referrals and treatments provided. The latter summarised the results of 17 sub-studies that covered aspects of patient risk behaviour, estimates of prevalence of selected disease, co-morbidity, severity of illness, length of consultation and GP satisfaction.

The GPSCU continues its work on coding and classification systems for primary care. The interface terminology (ICPC-2 PLUS) developed by the Unit for coding and classification in electronic health records is now included in the Unified Medical Language System (UMLS) of the US National Library of Medicine. This will facilitate future mapping between ICPC-2 PLUS and other health classifications such as ICD-10-AM.

The Classification for Pharmaceutical Substances (CAPS) for the coding and classification of pharmacological details of prescriptions and over-the-counter drugs advised by GPs in the BEACH program has undergone considerable development during the past year. This was in response to the needs of both government and industry for more specific information from the BEACH survey about prescribed daily dose and regimen.

Access to dental care

This project is associated with the Memorandum of Understanding between the Commonwealth Department of Health and Aged Care and the AIHW for national public health information. The objective is to examine social inequality in self-reported oral health and access to services.

This work has involved a series of analyses of access to dental care among special target groups, migrants, rural and remote dwellers, and Indigenous persons using the combined data available from the National Dental Telephone Interview Surveys 1994 through to 1996. This has resulted in three AIHW DSRU Research Reports (two published in 1999, one in draft form) and three more detailed technical reports which have recently been published.

The 1999 National Dental Telephone Interview Survey data collection was conducted during August–November 1999. These data will provide up-to-date information on access to dental care in Australia.

An associated questionnaire was sent to approximately 6,000 of the 7,800 interviewees in the 1999 National Dental Telephone Interview Survey on self-reported oral health and lifestyle issues. This questionnaire includes information on dental satisfaction to compare with similar data collected across 1994–96. It also explores the social determinants of oral health.

Health labour force

The AIHW published labour force statistics and analyses for the medical, nursing and pharmacy fields. A questionnaire was developed for the conduct of the first national psychologist labour force survey in 2000.

The Institute receives funding from the Australian Health Ministers' Advisory Council to provide technical support to the Australian Medical Workforce Advisory Committee (AMWAC). The AIHW Director is a member of the committee. Data analyses were undertaken for AMWAC to support working parties examining future workforce requirements for general practice, psychiatry, gastroenterology, neurosurgery, cardiothoracic surgery and medical oncology.

In November 1999, Mr John Harding, Head of the Health and Welfare Labour Force Unit, presented a paper on 'Workforce Productivity in the Australian Medical Workforce' to the Fourth International Medical Workforce Conference in San Francisco. The Institute was joint author with AMWAC of a further paper presented: 'Women in the Medical Workforce in Australia: How they Differ from Men and the Planning Implications of a Rising Female Workforce'.

In addition to its role on AMWAC, the Institute participated in national workforce planning forums during the year for nursing, pharmacy and Rural Workforce Agency data collection.

Publications released were *Medical Labour Force 1998*, *Nursing Labour Force 1998* and *Pharmacy Labour Force 1998*.

Health expenditure

The analysis of health expenditure data to 1997–98 was included in *Australia's Health 2000* and preliminary data on 1998–99 were released in *Health Expenditure Bulletin No. 16*. The analyses showed that health expenditure as a proportion of GDP continued to grow in the period 1997–98 to 1998–99 from 8.3% to 8.5% of GDP.

Comprehensive information on 12 categories of public health expenditure for 1998–99 was collected through the State and Commonwealth health authorities.

Information on Aboriginal and Torres Strait Islander health expenditure in 1998–99 has been collected and will be analysed for the second report on Aboriginal and Torres Strait Islander health expenditure. The second report replicates the ground-breaking analysis of the 1995–96 report, but also analyses Aboriginal and Torres Strait Islander health expenditure by regional areas and by income group.

Information on health services expenditure in Australia was supplied to the Organisation for Economic Co-operation and Development (OECD) for inclusion in the OECD's health database.

The AIHW was involved in the initial trialling and review of the OECD's draft System of Health Accounts (SHA), version 1.0 of which was published in June 2000.

Health information infrastructure and services

Information services to Population Health Division, Department of Health and Aged Care

An AIHW outposted unit (Population Health Data and Information Services Unit) has been operating in the Population Health Division of the Department of Health and Aged Care since July 1997. The Unit provides a range of statistical and information support services to the Division. Achievements during the year included:

- publication of the national results of the 1998 National Drug Strategy Household Survey (which was managed by the Institute) as *1998 National Drug Strategy Household Survey: First Results*;
- enhanced coordination of information activities within and outside the Population Health Division, including liaison with subject areas of the Institute; and
- continuation of a 'help-desk' access point for assistance with population health data and information services, including planning, analysis and reporting of population health and related information activities.

Detailed reports of Western Australian and Queensland results of the National Drug Strategy Household Survey were also prepared and published under contract. Further findings, including a State and Territory comparative report and a study of the correlates of drug use, will be published during 2000-01.

National health record linkage

The AIHW continued its service to researchers of linking their data sets to the National Death Index (NDI) and National Cancer Statistics Clearing House (NCSCCH), on approval by the Institute's Ethics Committee. The Institute has been active in establishing links between organisations maintaining health-related data to support record linkage activities. Activity has been directed at setting up an AHMAC-funded collaborative project with the University of Western Australia, Health Department of Western Australia, the Health Insurance Commission and the Department of Health and Aged Care for the linking of data relating to hospital, medical and pharmaceutical services for persons with diabetes. The Institute has also been developing record-linkage activities relating the National Hospital Morbidity Database and road crash data collected by the Australian Transport Safety Bureau.

National information development

With funding from AHMAC, Version 9.0 of the *National Health Data Dictionary* was published in May 2000 by AIHW on behalf of the National Health Data Committee. The content of the Dictionary has been expanded considerably in Version 9.0 with the inclusion of 32 new data elements and 17 new versions of existing data elements. Version 9.0

features the inclusion of the new National Minimum Data Set for Alcohol and Other Drug Treatment Services and new data elements relating to non-admitted patients. Each of the two existing minimum data sets for institutional health care and community mental health care are now split into separate patient-level and establishment-level data sets.

Statistical services to the Department of Veterans' Affairs

An AIHW officer was outposted to the Strategic Support Branch of the Department of Veterans' Affairs (DVA) in November 1999. During the 7 months to the end of June 2000, the outposted officer provided statistical consultancy, guidance and leadership to DVA's Statistical Services Team, reviewed the Statistical Services Team work program, and provided expert advice on several statistical activities undertaken by DVA.

Evaluation

Australia's Health 2000 was the major health information product of the AIHW for the year. It successfully brought together a comprehensive range of Australian health information, including an historical feature to mark the end of the twentieth century. The report was compiled with input from staff of all three of the Institute's divisions and all five of its collaborating units, and some outside contributors. This meant that there was a considerable coordination effort involved, but also that significant expertise from around the nation was drawn on to ensure the quality of the product.

The collaborative production of *Australia's Health 2000* reflects the way in which several health (and welfare) information activities have been undertaken over the last year. For example, *Australian Hospital Statistics 1998–99* was produced by a team of staff from the Health and Economics and Business Services Divisions; the thematic report of the health and wellbeing of Australia's youth incorporated contributions from the Health and Welfare Divisions and collaborating units; and the National Health Priority Areas monitoring activities continued to be a collaborative effort of several Health Division units and other groups. Similarly, health information infrastructure development undertaken through the National Health Information Management Group and the National Health Data Committee was a result of cooperative efforts of staff in all three Divisions and the Executive Unit. As with *Australia's Health 2000*, these arrangements are accompanied by coordination costs with which the Institute must contend.

Improving or maintaining the timeliness of health publications continues to be a major focus for the AIHW. Great efforts are made to maintain communicative links with data providers (for example through the NHIA processes), to work with them to agree to data provision and publication timetables, and to provide assistance as appropriate for data supply. However, late data provision, quality problems for some provided data, and internal Institute factors meant that

timeliness is still not attainable for all publications. *Cancer in Australia 1996* was published in November 1999, an improvement on the timeliness of *Cancer in Australia 1995*, but still almost 3 years after the end of the reference period and not yet matching the timeliness of some other routine outputs. *Australian Hospital Statistics 1998–99* was not published until 14 July 2000, so was not available within 12 months of the end of the reference period, as the previous three reports in this series had been. Difficulties associated with the introduction of ICD-10-AM contributed to this slight delay.

Lack of identified resources for some health information work meant that some projects, identified in the past as being necessary, could not be undertaken, or could be done only in a minimal manner. For example, rural and remote health monitoring did not progress beyond planning stage, and detailed analyses of elective surgery waiting times for 1997–98 were not included in the summary report released on this topic. The Institute will continue to work with stakeholders and potential funding agencies to clarify needs and to ensure that outputs match national requirements for these and other types of health information.

The AIHW's relationships with the Department of Health and Aged Care and other Commonwealth and State and Territory agencies regarding statistical and analytical work have been good during the year. The Memorandum of Understanding (MoU) between the Department of Health and Aged Care and the Institute that established conditions for the Institute's provision of health statistics services for the 3-year period from 1 July 1997 was to expire on 30 June 2000. By agreement between the Department and the Institute, it has been extended pending finalisation of a new MoU. Negotiations are continuing to specify new work programs to be undertaken under it.

Links with the Department of Veterans' Affairs have strengthened with the agreement that the Department would fund an Institute outposted officer at the Department and several statistical projects.