

Health-related information

This chapter sets out the AIHW's achievements in health information for the year and is structured to show its contribution in the areas of population health, the National Health Priority Areas, institutional health services, community health and primary care, health resources and health information infrastructure and services.

The Institute publishes a range of national health statistics and is active in improving that information. To draw the information together, it works with Commonwealth, State and Territory agencies, and with the Australian Bureau of Statistics (ABS). The National Health Information Agreement facilitates development and coordination of national health statistics.

Coordination links are maintained through informal and formal arrangements, including attendance at meetings of the Australian Health Ministers' Advisory Council (AHMAC), and membership of the National Health Information Management Group (NHIMG), the National Public Health Partnership (especially its National Public Health Information Working Group), the National Health Priorities Committee and a variety of other national groups.

Management, advisory or steering committees, which include external experts and stakeholders, exist for a number of Institute projects.

A high proportion of the Institute's health statistics activities are 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 (DHAC) is the main funder of such activities, although many involve State and Territory interests as well. A Memorandum of Understanding (MoU) between DHAC and the Institute, signed on 1 July 1997, has established terms and conditions for this work.

Release of the compendium reports *Australia's Children: Their Health and Wellbeing 1998*, *Health in Rural and Remote Australia* and *International Health – How Australia Compares* were highlights in 1998–99, along with the production of a series of reports on health system costs of disease and injury in Australia and *Heart, Stroke and Vascular Disease, Australian Facts, 1999*. A new report, *Bettering the Evaluation and Care of Health: A Study of General Practice Activity Six Month Interim Report*, provided preliminary results of an extensive survey of general practitioners produced by the Institute through the recently established collaboration with the University of Sydney.

Health of populations National Public Health Information Development Plan

The AIHW prepared the National Public Health Information Development Plan at the request of the National Public Health Information Working Group of the National Public Health Partnership. Its preparation involved a process of broad consultation, including holding a workshop in September 1998 to which 120 participants were invited, and consulting with national groups.

The Plan, which was endorsed by AHMAC in April 1999, identifies a number of high priorities relating to both data content and data management, including:

- improving the scope and coverage of public health information;
- improving the use and delivery of public health information; and
- developing public health information capacity.

The Plan will be used to drive future initiatives in the public health field.

Health of Australians living in rural and remote areas

Health in Rural and Remote Australia, the first national report describing the health of rural and remote Australians, was released in late 1998. This first national report described health status, determinants and the workforce for rural and remote areas by Rural, Remote and Metropolitan Area category. A well-attended rural health information workshop was subsequently held in March 1999, followed by the release of a report to participants and the publication of a paper in the *Australian Journal of Rural Health* describing the workshop outcomes. The workshop has provided valuable input into developing a proposal for rural health monitoring.

Burden of disease

During 1998–99, the AIHW undertook a national burden of disease and injury study for Australia with the support of DHAC. There was close collaboration with the Victorian Burden of Disease project being undertaken by the Department of Human Services Victoria and reciprocal representation on steering committees. The Institute has also developed close links with the World Health Organization, the Harvard Burden of Disease Unit and the International Burden of Disease Network.

The National Burden of Disease and Injury Study builds on Australian and international work to generate summary population health information (using the disability-adjusted life year (DALY) metric) and to provide inputs to national and State planning and priority setting for public health, health services and research. The first phase of the project has estimated incidence, severity, outcomes and

burden of disease for around 175 diseases and injuries for the total Australian population and for subgroups defined in terms of area-based measures of socioeconomic disadvantage. It has also made preliminary estimates of the burden attributable to nine major risk factors. An Institute report giving details of methods and results will be published in the second half of 1999.

Disease costing

The Disease Costs and Impact Study has estimated the direct costs of health services in 1993–94 attributable to a comprehensive range of diseases and injury. Three further reports were published in 1998–99 providing detailed estimates of costs for specific cancers, cardiovascular diseases and diabetes, and injuries and musculoskeletal disorders.

Child and youth health monitoring

The Child and Youth Health Monitoring Project is supported by funding from the Population Health Division of DHAC, and AHMAC, following recommendations in the Health Plan for Young Australians endorsed by AHMAC in 1996.

In late 1998, the first of the biennial reports from this project was published—*Australia's Children: Their Health and Wellbeing 1998*. The report provides comprehensive information on children's health status, determinants of health, and the health of subpopulation groups. The first report on youth health is currently in production.

Information frameworks have been developed to identify information requirements in child health and youth health. These frameworks have been developed and refined following workshops convened to discuss the relevant information issues, and from input from the National Child Health Information Advisory Committee and the National Youth Health Information Advisory Committee.

National perinatal mortality and morbidity

Australia's Mothers and Babies 1996, the seventh report in the Perinatal Series, was published using data from the State and Territory perinatal collections and registrations of perinatal deaths. The report provides national information on maternal characteristics such as age, parity (previous births, if any), country of birth and Aboriginality; on the baby's birthweight and outcome; and on place of birth and length of stay in hospital.

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. The report also noted the higher

rates of low birthweight among infants born to Indigenous mothers.

The second report on Indigenous mothers and their babies, for the three-year period from 1994 to 1996, was completed. For the first time, this report included data on maternal characteristics and pregnancy outcomes for Aboriginal and Torres Strait Islander Commission regions.

Based on data for 1991–1994 from all States and Territories, national birthweight percentiles for gestational age for singleton and twin births were published.

The National Perinatal Data Development Committee was convened and will continue to review perinatal definitions for the *National Health Data Dictionary* and to develop ways of improving the quality of data recorded in the perinatal collections.

National congenital malformations monitoring system

Based on data from State and Territory perinatal collections, birth defects registers and other sources, the National Perinatal Statistics Unit published a report on congenital malformations among infants born in 1995 and 1996.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres performing in-vitro fertilisation, gamete intrafallopian transfer and related procedures in Australia and New Zealand. *Assisted Conception, Australia and New Zealand, 1997* was completed for joint publication by the National Perinatal Statistics Unit and the Fertility Society of Australia. The register was funded by the Society and Serono Australia.

Perinatal outcome in hospitals with neonatal intensive care units

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. This project is funded by the pharmaceutical company Abbott Australasia Pty Ltd. A report for 1996 and 1997 was being finalised at June 1999.

International Health—How Australia Compares

Using data from the World Health Organization and the Organisation for Economic Co-operation and Development, as well as from other national and international organisations, *International Health – How Australia Compares* examines Australia's international standing for a range of different health and health-related indicators. Released in February 1999, the report provides most recent and trend data for 70 different indicators in comparing Australia with 19 other developed countries.

Areas examined include population, fertility and pregnancy, important causes of ill-health, mortality, health services and resources, and health determinants.

Environmental health indicators

The AIHW collaborated in the development of a set of environmental health indicators in the context of human settlements. The indicators cover both the environmental aspects of health and health aspects of the environment. *Environmental Indicators for National State of the Environment Reporting – Human Settlements* was released in 1998 by Environment Australia. These indicators are to be used for state of the environment reporting in Australia.

Aboriginal and Torres Strait Islander health

The AIHW's Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU) develops and maintains effective networks and linkages with key groups concerned with Aboriginal and Torres Strait Islander health information. Foremost among these are links with heads of Aboriginal Health Units, the National Aboriginal Community-Controlled Health Organisations, and information groups such as the National Health Information Management Group (NHIMG) and the National Community Services Information Management Group (NCSIMG).

Links with health departments in all jurisdictions have been maintained, and new links have been established with welfare and community services, in particular the Department of Family and Community Services (FaCS), the Standing Committee of Community Service and Income Security Administrators (SCCSISA) and the Torres Strait Regional Authority.

The ATSIHWIU has continued to play a broad-ranging advisory role across a number of areas in addition to its more tangible work program, including the provision of advice to users on the interpretation of National Health Survey Indigenous data, and secretariat and technical support in implementing the recommendations of the National Indigenous Health Implementation Plan.

One of the recommendations was acted on by the ATSIHWIU through a project funded by AHMAC to develop and evaluate a methodology for assessing the quality of Indigenous identification in hospitals. A report was submitted to AHMAC earlier in the year, and this is due for general release by the end of August 1999.

Release of Indigenous health results by the ABS from its 1995 National Health Survey provided a focus on the quality of data collected in remote areas. Considerable interest was expressed in further exploration of the data quality issues in remote area data and in data collection techniques that might reduce poor data quality. A

workshop held early in 1999 to explore these issues indicated that further investigations of the quality of remote area Indigenous data, including possible improvements to estimation procedures, need to be undertaken.

In addition, the ATSIHWIU is involved in a project being undertaken by the ABS to improve the quality of Indigenous birth and death statistics from administrative collections.

The ATSIHWIU has also continued its training activities (as opportunities arose) with health workers and students from such places as Dubbo and Batchelor, and the Faculty of Aboriginal and Torres Strait Islander Studies at NT University.

Other initiatives in which the Institute is involved include:

- preparing national reports on the performance of States and Territories against a range of indicators endorsed by Ministers, and technical improvement of those indicators;
- improved Indigenous identification in collections where the Institute plays the national role (notably perinatal statistics and cancer).

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children, which produces national and State and Territory reports on dental caries experience. The survey provides a reference point against which dental caries prevention and management programs in Australia may be assessed, and permits analysis of regional and social variation in oral health.

Reports at both the national and the State and Territory level have been published to maintain the time series on dental disease in Australian children. State and Territory reports for 1996 were published in 1999. Publication of national reports was delayed owing to problems in acquiring some data from New South Wales. This delay resulted from incompatibilities between computer software used by the NSW Oral Health Branch and the Dental Statistics and Research Unit. This problem has now been rectified.

Adult oral health

Data on the oral health of adults using public dental clinics are being collected. Data on adult oral health have been combined from the 1995 and 1996 Adult Dental Programs Surveys and analysed. Results from that data have been incorporated in three reports covering access to dental care among special target groups: migrants, rural and remote dwellers, and Indigenous persons. These reports were published in May 1999. A further survey is being undertaken during 1999.

National Health Priority Areas

The AIHW monitors and reports on outcomes in the National Health Priority Areas (NHPAs) of cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus.

Comprehensive indicator sets were developed for each of the areas. A framework was designed which was indicator-focused, concentrated on prevention (including the enhancement of protective factors to reduce risk) and which could be successfully applied to particular health problems and specific diseases. The indicators were mapped to the framework to help assess health interventions and outcomes across the continuum of care, from prevention through management and treatment to maintenance.

Work has commenced on developing a comprehensive NHPA surveillance and monitoring framework, and a data development plan. A list of candidate indicators for monitoring asthma was also developed.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House improved the timeliness of published cancer incidence data to within three years of the reference period, publishing 1995 data at the end of 1998. For the first time, national survival data were produced for breast cancer in a collaborative report with the Australasian Association of Cancer Registries and the National Breast Cancer Centre. The National Cancer Statistics Clearing House also played an increased role in working towards national data standards, the development of privacy guidelines for cancer registries and the development of cancer registry work.

Breast and cervical cancer screening

December 1998 saw the release of the first national monitoring report on the BreastScreen and National Cervical Cancer Screening programs. The report was launched by the Minister for Health and Aged Care on 3 December 1998. It sought to measure the effectiveness and coverage of the programs at a national level, focusing on their key outcome objectives: to reduce mortality and minimise morbidity from these cancers, to maximise efficiency of delivery of programs and to increase equity of access to the programs. Further development work in this area has continued in collaboration with the State and Territory program managers, DHAC and an advisory body.

Cardiovascular disease and diabetes monitoring

The first report in a biennial series published by the AIHW and the Heart Foundation of Australia, *Heart, Stroke and Vascular Disease, Australian Facts, 1999*, was released in 1998-99. The report brings together information on a range

of areas including risk factors, disease prevalence and incidence, treatment, management and health care costs, as well as data on high-risk population groups.

The report *Medical Care for Cardiovascular Disease in Australia*, released in December 1998, presents information on the prevalence of cardiovascular conditions in the community, their care in general practice and in hospital drug treatment, the associated health care costs, and the size of the specialised medical labour force involved with cardiovascular disease.

A detailed profile of cardiovascular mortality is presented in the report *Surveillance of Cardiovascular Mortality Australia, 1985–96*, which was released in late 1998.

In a further collaboration with the Heart Foundation of Australia, the Institute has updated the Foundation's national registers of cardiac surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures performed in Australia. The reports *Cardiac Surgery in Australia 1994* and *Coronary Angioplasty in Australia 1995* have recently been published, and further reports are in preparation.

The Institute has supported data development activities in several key areas. A register of Indigenous people with rheumatic fever and rheumatic heart disease in the Top End of the Northern Territory has been established.

National standards for the collection of data on smoking were completed and endorsed by the NHIMG, and have been included in Version 8 of the *National Health Data Dictionary*.

National Diabetes Register

The AIHW was successful in a tender bid for the National Diabetes Register conducted by the Ministerial Advisory Committee on Diabetes. The register commenced on 1 January 1999.

It currently records new cases of insulin-treated diabetes mellitus. By registering these cases, it is expected that a reliable measure of the incidence of Type 1 diabetes (insulin-dependent diabetes mellitus) can be established. The main sources of data for the register are the National Diabetic Services Scheme (administered by Diabetes Australia) and the Australasian Paediatric Endocrine Group's State-based databases.

Over time, the register will enable accurate descriptors of the incidence of Type 1 diabetes, and allow researchers access to a rich database to aid in the prevention and treatment of diabetes.

Injury surveillance

Injury surveillance is the responsibility of the AIHW's National Injury Surveillance Unit (NISU). Since 1 July 1997

this collaborating unit has operated as a program of the Research Centre for Injury Studies at the Flinders University of South Australia.

As the main national source of injury statistics and related information, NISU holds national data sets relating to injury deaths and hospitalisations, including spinal cord injury admissions. These data provide the foundation for the statistical publications of the Unit. During the year, the Unit produced injury surveillance data reports including the *Australian Injury Prevention Bulletin*, specialised reports, and three issues of the *Injury Issues Monitor*.

The operation of the national register of spinal cord injury (SCI) continued, in cooperation with the six specialist spinal units in Australia. The 1997-98 version of the annual statistical report on SCI was released in December 1998. During the year, registration of all cases of SCI from 1986 was completed, following hospital case note reviews in a number of States. Australia is the first country to have developed a truly national population-based register of SCI.

Following a review of information needs by NISU and the design of an information system, the Australian and New Zealand Burns Association agreed, in September 1998, to work with NISU to progress towards national registration of severe burns based on admissions to the specialist burns units.

Other development of injury surveillance methods and data sources continued. The main aspects of this were:

- completion of a project to investigate the practicability of obtaining quantitative national estimates of injury visits to emergency departments;
- assessment of the needs and opportunities for improved surveillance of burns and brain injury;
- significant contribution to a draft revised international classification of external cause of injury, as part of a three-country World Health Organization development team; and
- production (with Flinders University management) of an annotated bibliography of literature relating to the evaluation of injury-prevention strategies. The bibliography was finalised following receipt of comments on a draft version.

Institutional health services

Australian hospital statistics

Australian Hospital Statistics 1997-98 was published within a year of the data reference period, as were the 1996-97 and 1995-96 reports in this series. Initiatives in the latest report included maps depicting hospitalisation rates by geographical area. An expanded range of accompanying tables has been published on the AIHW's Internet site including, in July, some for Australian Refined Diagnosis

Related Groups, version 4.0. The publication now provides timely information on hospital performance, including the estimated cost per casemix-adjusted separation for each State and Territory.

The Australian Hospital Statistics Advisory Committee was established, and met in September 1998 and April 1999. This group, which includes representatives of hospital data providers and a range of other hospital data users, has helped the Institute to ensure its collection and reporting suits the needs of data users. The National Health Information Management Group (NHIMG) has asked the Committee to consider possible rationalisation of hospital admitted patient data sets in Australia.

Public hospital establishments

The AIHW continued to convene the National Health Data Committee's (NHDC's) Organisational Units Working Group during 1998–99. The group has produced a draft framework for identifying organisational unit levels and types, and will progress towards the development of a new 'product type' classification (for example, identifying areas of specialised care as 'products' for which consistent information can be collected on procedures, activities and resources). Recommendations will be forwarded to the NHIMG for endorsement. The outcomes from the work program of this group could have a wide-ranging impact on the reporting of data for monitoring and evaluating delivery of specialised services.

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, an emphasis was placed on improving the quality of the database's geographical data relating to the patients' area of usual residence and the Australian National Diagnosis Related Group data. Increasing support for users of the database within the AIHW and the collaborating units has also been emphasised.

The Institute has been working collaboratively with DHAC to ensure that the 1997–98 National Hospital Morbidity Database at the Institute and the corresponding database at the Department are as equivalent as possible. This initiative appears to have reduced duplication of the effort required of data providers and ensured that data disseminated by the two agencies will be comparable.

Data development work continued through participation on the NHDC and associated data development working groups.

The Institute also continued its participation in the implementation of ICD-10-AM (International Classification of Diseases, Tenth Revision, Australian Modification) in Australian hospitals. The staggered implementation of the new classification, by four jurisdictions in July 1998 and by the remaining four in July 1999, will mean that the Institute will accept data reported using both ICD-10-AM and ICD-9-CM (ninth revision, Clinical Modification) for 1998-99, and will map data as required to report according to ICD-10-AM.

Waiting times for elective surgery

Nationally consistent data are not available in this controversial area. Elective surgery waiting times data were compiled for 1995-96 and 1996-97 and a draft working paper prepared for publication later in 1999. The paper reports the data and discusses the inconsistent data definitions and collection practices used by the States and Territories for this data collection. Some critical data elements, identified through this process as problematic, were reviewed in consultation with the NHDC. Revised versions were approved by the NHIMG for implementation from 1999.

Disease costing

The Disease Costs and Impact Study completed estimates for the direct costs of health services in 1993-94 attributable to diseases in all chapters of the ICD-9 International Classification of Diseases. Publications were released describing the detail of the methodology employed, and providing summary costs of diseases and injury overall, as well as more detailed costings for cardiovascular disease and diabetes; cancer; injury, poisoning and musculoskeletal disorders; and mental health.

Classification in health

In its role as a WHO Collaborating Centre for the Classification of Diseases, the AIHW hosted a conference in May 1999 on Australian Work on Health and Related Classifications. Several papers were presented by staff of the Institute and collaborating units on the International Classification of Impairments, Disabilities and Handicaps (ICIDH), the International Classification of Primary Care revision 2 (ICPC-2) and ICPC-2-PLUS (an Australian extended terminology classified according to ICPC-2). Papers were also presented on classification and valuation of health states for burden of disease analysis, gaps in classifications in Australia, and external cause classifications. The papers are available from the Institute.

The Institute continued its participation in the Coding Standards Advisory Committee advising the National Centre for Classification in Health on the preparation of the second edition of ICD-10-AM.

Following the publication of the *National Codeset for the Community-based Health Services* in 1998, the Institute has agreed to become the registration authority for a more limited codeset which will be included in the Knowledgebase (formerly known as the National Health Information Knowledgebase).

The Institute supports the Brisbane office of the National Centre for Classification in Health (NCCH), in conjunction with the Australian Bureau of Statistics (ABS). A principal responsibility has been the provision of assistance to the ABS to implement ICD-10 for cause of death coding. Statistical analysis of multiple cause data, and changes in data output as a result of the implementation of the automated coding software, was carried out by NCCH Brisbane in collaboration with ABS officers. This led to the production of the first multiple cause of death publication in Australia, for deaths occurring in 1997.

NCCH Brisbane has undertaken many other educational activities in the past 12 months in both the Western Pacific and South-East Asia regional offices of WHO. Courses were conducted in Fiji, Guam, Myanmar and Sri Lanka, and were attended by personnel from across both regions.

Performance indicator development for acute care services

The AIHW has undertaken the development of these performance indicators in consultation with the National Health Ministers' Benchmarking Working Group. Advice has also been provided by the Australian Hospital Statistics Advisory Committee. Indicators are principally extracted from the National Public Hospitals Establishments Database and the National Hospital Morbidity Database, and future data development will be conducted in conjunction with developments for health sector organisational data. Additional work to be taken forward in this project is the continued development of a hospital peer group classification.

Performance indicators for the acute hospital sector in 1996–97 were included in the annual *COAG Report on Government Services* in February 1999, and will also be included in the forthcoming *Third National Report on Health Sector Performance Indicators*.

Community health and primary care

Mental health information development

Data collected by the AIHW in the fifth annual cycle of the National Survey of Mental Health Services, for the 1996–97 reporting period, were published by DHAC in March 1999 in the annual *National Mental Health Report*. These data include indicators for monitoring the progress of service reforms that had taken place under the first plan of the National Mental Health Strategy. An important aspect of the first plan was to assess the closure of psychiatric

hospitals and the increase of services delivered in the community. The Commonwealth is no longer outsourcing the National Survey of Mental Health Services, and the Institute has been commissioned to continue the development of data standards and the implementation strategy for the collection of the national minimum data set (NMDS) for Mental Health Care (described below).

National Minimum Data Set for Mental Health Care

The AIHW continued the development of an NMDS for community mental health care during 1998. It also undertook validation and initial analyses on the first year of reporting of the NMDS for institutional mental health care (that is, data reported for the 1997–98 reference year). While these are separate collections (of community care data and institutional care data), the two projects combine under the broader title of the NMDS for Mental Health Care.

The collections are planned as annual compilations of data, to be managed by the Institute. They have been developed to facilitate policy and epidemiological analyses of mental health services and client characteristics, and to continue the monitoring of service delivery in mental health admitted care, non-admitted care and community care under the provisions of the Second Plan of the National Mental Health Strategy.

Palliative care information development

The AIHW has been funded by DHAC to develop an NMDS for Palliative Care. This data set will support the information requirements of the National Strategy for Palliative Care in Australia 1998–2003, and the work program will include the development of national performance indicators for palliative care. The development of the performance indicators and collection strategies is under the auspices of the Palliative Care Intergovernmental Forum (comprised of representatives of all health authorities).

A patient-level NMDS collection focused on the recipients of specialised institutional palliative care services (that is, those patients in public acute hospitals and stand-alone hospices) has been endorsed as the first stage of this project. The data set includes demographic and diagnostic information on palliative care patients. Future development of the project will include a feasibility study for the collection of similar patient-level data from community-based services during 1999.

Survey of general practitioners

The General Practice Statistics and Classification Unit (GPSCU), a collaboration between the AIHW and the University of Sydney's Family Medicine Research Centre,

has successfully established the continuous national survey of general practice activity, known as the BEACH program (Bettering the Evaluation And Care of Health). The program is now in its second year. In the first year, 984 randomly selected GPs participated, and this produced a national database of details on 98,400 GP-patient consultations.

An interim report detailing the BEACH methods, and including a brief overview of interim results from the first six-month survey period, was published in April. Detailed, non-identifying, data have been provided to the organisations supporting the BEACH program. The first annual report is being prepared for release in October 1999.

Some specific analyses have been purchased by interested organisations, and the GPSCU has conducted a detailed secondary analysis of GP pathology ordering for the Pathology Branch of DHAC.

The Unit's work on coding and classification systems for primary care has resulted in the acceptance of its primary care thesaurus (ICPC-2 PLUS) in the United Medical Language System (UMLS) of the US National Library of Medicine.

Continuation of the BEACH program beyond March 2000 will depend on continued support from a mix of private and public sector partners.

Health resources

Health labour force

The AIHW published statistics and labour force analyses for medical, nursing and dental labour forces, the latter prepared by the Institute's Dental Statistics and Research Unit. New tri-annual collections during 1998-99 were undertaken for the occupational therapy and physiotherapy professions.

The Institute's Director is a member of the Australian Medical Workforce Advisory Committee (AMWAC) and the Institute is funded by the Australian Health Ministers' Advisory Council to provide technical support to the committee. During the year the Institute and AMWAC jointly published *Medical Workforce Supply and Demand in Australia - A Discussion Paper*. The Institute also prepared data for AMWAC to support working parties examining future workforce requirements for temporary resident overseas-trained doctors, and for the practices of psychiatry, paediatric medicine, cardiology, and orthopaedic surgery.

Health expenditure

The annual update of data on health services expenditure was released in November 1998. It provided detailed expenditure estimates for each year from 1989-90 to 1995-96 and estimates for 1996-97. Health expenditure

data for 1997–98 were released in early July 1999, demonstrating a substantial improvement in timeliness.

Work continued during 1998–99 on the development of comparable information on health services expenditure by State. These data were published as experimental tables in the July 1999 release. Work has also progressed on a system of satellite accounts for health and welfare to supplement the current national account estimates and to ensure consistency with the reporting conventions for health accounts being established throughout the Organisation for Economic Co-operation and Development (OECD) member countries.

Significant progress was made in developing a framework to enable the collection and analysis of data on public health services expenditure. As well as providing a comprehensive picture of expenditure, this project aims to identify any data inadequacies and recommend on ways to collect nationally consistent data.

Health information infrastructure and services

National health record linkage

The AIHW has been active in undertaking record linkage activities related to the National Hospital Morbidity data collection, the National Deaths Index and the National Diabetes Register. Reports based on this work are due later in 1999.

The Institute has also been active in establishing links between organisations maintaining health-related data to support record linkage activities. Some of this activity has been directed at setting up a collaborative project with the University of Western Australia, the Health Department of Western Australia, the Health Insurance Commission and DHAC. The project will focus on medical services used by people with diabetes and is expected to commence in late 1999.

The Institute links researchers' data sets to the National Death Index, following approval of each application by the Health Ethics Committee. In 1998–99 this service was used by 40 researchers.

International

The AIHW is responsible for supplying Australian health data and health-related data to a number of international organisations, including the OECD and WHO.

Australian statistics for indicators in the OECD health database were updated during 1998–99. 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 two-day international meeting in Paris, on 21–22 April 1999, to discuss further development of the database.

Data were also supplied to WHO to update the Country Health Information Profile for Australia, and to the US National Center for Health Statistics to update its *International Health Data Reference Guide*.

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

An AIHW outposted unit (Public Health Data and Information Services Unit) was established in the Population Health Division of DHAC in July 1997. The Unit provides a range of statistical and information support services to the Division. Achievements during the year included:

- continuation of a 'help-desk' access point for assistance with public health data and information services, including planning, analysis and reporting of public health and related information activities;
- enhanced coordination of information activities within and outside the Public Health Division, including liaison with subject areas of the Institute;
- conceptual development of an information management framework for the Public Health Division;
- completion of the fieldwork, and publication of provisional results of the 1998 National Drug Strategy Household Survey, being managed by the Institute. Further findings will be published during 1999–2000.

Key aspects of the 1998 National Drug Strategy Household Survey are:

- The survey was conducted with the approval of the Institute's Ethics Committee.
- The Unit managed the contract with Roy Morgan Research to conduct the fieldwork for the survey.
- The Institute is the repository for the identifiable unit record file resulting from the survey, and will be publishing key reports.
- A non-identifiable, public-use data set will be available through the Social Science Data Archives at the Australian National University. This data set will have fields modified to ensure the confidentiality of respondents.

Evaluation

1998–99 was a year in between work on editions of the biennial publication *Australia's Health*. This allowed a greater focus on other AIHW publications.

Major thematic reports published during the year included *International Health – How Australia Compares* (a report funded by the Institute), *Australia's Children: Their Health and Wellbeing 1998* and *Health in Rural and Remote Australia* (both prepared with the assistance of funding from DHAC). A range of work was completed for the baseline

reporting of three National Health Priority Areas: cardiovascular disease, mental health, and injury.

The timeliness of release of regular health statistics outputs has continued to meet publication targets, particularly for *Australian Hospital Statistics 1997–98*. The Institute's efforts to reduce the reporting lead time in publishing cancer statistics to within three years of the reference year was achieved with the publication of *Cancer in Australia 1995* in December 1998.

The National Diabetes Register commenced in January 1999. The register records new cases of insulin-treated diabetes mellitus. Over time, it will enable accurate descriptors of the incidence of insulin-dependent diabetes, and allow researchers access to a rich database to aid in the prevention and treatment of diabetes.

During the year the Institute continued data development in a range of fields to support national strategies, including child and youth health, mental health, and palliative care. There are, however, many other areas where data development needs to be addressed in future work programs.

Reports on Australia's mothers and babies and congenital malformations have fostered considerable publicity for issues concerning perinatal health services and outcomes. This research has provided new opportunities to evaluate health services and outcomes for pregnant women and their infants.

A major focus for the Aboriginal and Torres Strait Islander Health and Welfare Information Unit has been the preparation of the second edition of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. This was published in August 1999.

The Dental Statistics and Research Unit continued to produce a range of published work on dental statistics. It has identified a need to improve the contribution of child dental health data to the evaluation of the outcomes of school dental services and has identified gaps in up-to-date dental health status data.

New products of collaborations with external agencies included the General Practice Statistics and Classification Unit's first report on general practice activity. A new collaboration with the Heart Foundation of Australia resulted in the release the first report in a biennial series, *Heart, Stroke and Vascular Disease, Australian Facts, 1999*.

**Performance
assessment against
portfolio budget
indicators and targets**

Priority outcomes

- 1 Improved information on health and community services available to the community and for decision making at all levels.
- 2 National approach to the development and production of national health and community services information.

4 National information that provides a valid and reliable basis for decision making on the health of Indigenous peoples.

Indicator	Target	Outcome	Notes
Participation in the implementation of the National Indigenous Health Information Plan (Priority outcome 4)	Meet the Australian Health Ministers' Advisory Council (AHMAC) implementation deadlines	Report presented to and endorsed by AHMAC in April 1999. Implementation of strategies identified in the Plan are ongoing.	
Publication of national data on: <ul style="list-style-type: none"> • cancer incidence in 1995; • hospital establishments and inpatients in 1997–98; and • mental health institutional services in 1997–98 (Priority outcome 1)	December 1998 June 1999 June 1999	Published December 1998 Published June 1999 Project withdrawn by a DHAC decision at the start of the financial year.	
Stakeholder satisfaction with the quality and timeliness of outputs (Priority outcomes 1 and 2)	High levels of satisfaction	High level of satisfaction identified through: <ul style="list-style-type: none"> • Internet feedback; • meetings with key clients; • renewal of contracts; and • increased funded work activity in health-related areas. 	