

## Dear Readers

**S**ix months into a new government and the pace and appetite for data and information continue to challenge us all. For the AIHW it is strong confirmation of why we exist as an independent statutory body. It is our job to make sure governments and the community have access to reliable, consistent and authoritative data at the national level.

A particular challenge for us is to respond to the desire to measure performance and outcomes in newly articulated policy agendas, where the perfect fit-for-purpose data collection doesn't (yet) exist. Measuring performance and outcomes must often be a compromise. Sensible solutions can only be found by a dialogue that involves the data gurus sitting down together with policy makers and other stakeholders who are keen to see change. When the data gurus work away in isolation (for whatever reason) relying on the distant drums to keep them informed of the policy messages, there are likely to be 'disconnects'. But when there is trust and dialogue, the process can be most effective. So it's great to be closely involved in the development of performance indicators for the new broad healthcare agreements, and to be working in a range of subject matters, such as homelessness, child protection and the push for improvement in the outcomes for Aboriginal and Torres Strait Islander peoples.

There are plenty of challenges on our horizon. In her article in this issue, our Deputy Director Julie Roediger draws out the opportunities and the risks Australia faces in using e-health data for health management and research purposes in the way old-health has been used. As Julie argues, we have solid experience with developing sound and safe information for management and research purposes, while protecting an individual's privacy. This is one of the critical challenges as the e-health work evolves. It is also a key success factor as policy makers and researchers look to the power of data linkage to provide better insights into all sorts of conditions and services. In conjunction with the National E-Health Transition Authority, Julie will be facilitating a series of workshops to better understand the data flows that may be possible and practical in the future e-health world.

Australia is not alone in recognising the need to work through the implications of e-health. I was recently invited to speak at a Canadian summit on the use of e-health information for management and research. Jointly run by the Canadian Institute of Health Information and Canada Health Infoway, the summit theme was 'Build once, use often: harnessing the full power of the EHR (Electronic Health Record)'. It provided me with a very useful insight into developments and compromises in Canada and the UK. We intend to keep well connected with international colleagues searching for the same solutions.

# From the Director

Data collections take time and expertise to develop. So we need to keep an eye on the horizon, to work with partners to meet emerging needs. We also need to use the collections in clever ways, through new analyses and data linkage. A key priority for the AIHW is to improve linkage using the National Hospital Morbidity Database. More powerful linkage infrastructure would allow provision of information related to the safety and quality of health care (such as patterns of multiple admissions for patients, including unplanned readmissions), and information on contiguous periods of hospitalisation that are reported as separate episodes. Patient name information would be invaluable for linkage with the National Death Index (for example, for 30-day post-surgery mortality analyses—important measures of the quality of hospital care) and other databases with names or name-based statistical linkage keys. The need for such linkage is increasingly recognised within states and territories, and this is an important strategic area for our national database.

There are many other questions we hope to contribute to, such as: How do we know if general practice activities are delivering value for money? How do we monitor the health effects of climate change in Australia?

For some years now, the Institute has been proactive in driving the development of better data to understand the differences in health and in service provision for Aboriginal and Torres Strait Islander peoples. Many of our activities are highlighted in this issue. We are all very proud that the energy, commitment and skill of Dr Fadwa Al-Yaman, head of the Aboriginal and Torres Strait Islander Health and Welfare Cluster, have been recognised by her Australia Day award of the Public Service Medal. Fadwa was one of only 15 Australian Public Service employees awarded the Medal in the Australia Day Honours list. Within the AIHW, and among those she works with, Fadwa is something of a legend. She stands out for the enormous dedication and high-level technical and analytical skills she brings to her work combined with an ability to cut through difficult problems to achieve high-quality outcomes. She works cooperatively and in genuine partnership with a wide range of stakeholders, including Indigenous advisers. Together with her team, and other colleagues within the AIHW and partner agencies, she has made an important and lasting difference in developing the evidence base on Aboriginal and Torres Strait Islander health and welfare.

I look forward to working together on the emerging opportunities and challenges. ■

**Dr Penny Allbon**



Penny Allbon

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