

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Jon Wardle\*

Presenter(s) institution/organisation, address, email, and telephone:

NHMRC Research Scholar (PhD)  
School of Population Health, University of Queensland, Herston Q 4006  
[j.wardle@sph.uq.edu.au](mailto:j.wardle@sph.uq.edu.au)  
07 3346 4773  
0416 216 917

Short Biography of presenter(s) (maximum 50 words):

Jon is a National Health and Medical Research Council Public Health Research Scholar at the School of Population Health at the University of Queensland and a founding Director of the Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM).

#### Presentation Details

Presentation Title (up to 10 Words):

The Rise and Rise of Complementary Medicine: Health Policy Implications and Challenges

Keywords: (up to 5 to assist organisers in streaming papers):

Complementary Medicine; Practitioner Regulation; Practitioner Accreditation; Safety; Quality of Care

#### Research Details (250 word limit)

Introduction/Background:

Complementary and alternative medicine (CAM) use in Australia has risen considerably. More than half of Australians use CAM products, Australians spend more out-of-pocket on CAM than they do on conventional medicine and individual health consultations with CAM practitioners now constitute approximately half of all health consults in Australia.

Research Question:

Is Australian health policy appropriately dealing with the contemporary challenges associated with rising CAM use?

Methodology:

Australian (Commonwealth and State) health policies and laws were reviewed to identify aspects relevant to CAM and determine whether these appropriately addressed safety and quality issues.

Findings:

Health policy has failed to keep pace with changing consumer healthcare choices and the increasing role of CAM in contemporary healthcare. Though CAM has been granted a significant level of perceived legitimacy by the Australian public it has not been subject to the standards, accountability and responsibilities placed upon other parts of the Australian healthcare sector. This public legitimacy is often compounded by policy which has been developed assuming that improved regulatory and safety measures would be or have been implemented. However, currently there is

little protection for the public from events such as exploitation, incompetence or unethical behaviour by the CAM sector. Moreover, there is little coherence in current policy or procedures, making it difficult for the public to make complaints or assert their rights when using CAM.

**Policy Implications\*\*\*:**

Appropriate policy and regulatory changes are required to ensure that minimum standards are observed; accountability enacted and that the public is afforded appropriate safety when exercising their CAM healthcare choices.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

\*Fiona Pacey, Stephanie Short, Craig Veitch, Kirsten Harley

##### **Presenter(s) institution/organisation, address, email, and telephone:**

PhD Candidate, Health Systems & Global Populations  
Faculty of Health Sciences, The University of Sydney,  
Cumberland Campus C42, PO Box 170  
Lidcombe NSW 1825

Email: [fpac1782@uni.sydney.edu.au](mailto:fpac1782@uni.sydney.edu.au)

Ph: 0410 404 399

##### **Short Biography of presenter(s) (maximum 50 words):**

Fiona Pacey is a PhD Candidate in the Faculty of Health Sciences at the University of Sydney and a member of HealthGov. She has completed a Master of Politics and Public Policy, and is Executive Officer to the Dean at the School of Medicine at University of Western Sydney.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

Health Professional Regulatory Change – by the (policy) book?

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

Workforce  
Regulation  
Reform  
Policy

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

In 2006, the Productivity Commission articulated the case of too many cooks in the regulatory broth, with more than 20 bodies involved in accrediting health workforce education and training and over 90 responsible for registration. On 1 July 2010, the members of ten health professions in Australia come under a single national registration and accreditation system.

(55)

##### **Research Question:**

The introduction of a new regulatory structure is a deliberative act. In this instance, the process can be mapped through inter-governmental agreements, stakeholder consultations, legislative passage, senate committee hearings and the establishment of new bureaucratic agencies. An argument could be mounted

that this change represents a resolution of untidy federalism, but given the potential implications and the current reform environment is there a more compelling and complex story to be uncovered?  
(71)

### **Methodology:**

The initial phase of this research will explore the applicability of a number of theoretical frameworks and consider what factors led to (in the parlance of John Kingdon) this particular policy window being open. These deliberations will help to build a broader assessment of the policy drivers, and query whether the anticipated outcomes will and can be met.

(58)

### **Findings:**

This research is in its infancy, and this conference provides an opportunity to present and test initial assumptions.

(18)

### **Policy Implications\*\*\*:**

With regulatory consistency now established, and shortly to be extended to a wider range of health practitioners, the question remains as to how or whether this streamlined structure can affect the size, shape and distribution of this workforce in relation to the needs of the community.

(46)

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

### **Consolidated abstract**

In 2006, the Productivity Commission articulated the case of too many cooks in the regulatory broth, with more than 20 bodies involved in accrediting health workforce education and training and over 90 responsible for registration. On 1 July 2010, the members of ten health professions in Australia come under a single national registration and accreditation system.

The introduction of a new regulatory structure is a deliberative act. In this instance, the process can be mapped through inter-governmental agreements, stakeholder consultations, legislative passage, senate committee hearings and the establishment of new bureaucratic agencies. An argument could be mounted that this change represents a resolution of untidy federalism, but given the potential implications and the current reform environment is there a more compelling and complex story to be uncovered?

The initial phase of this research will explore the applicability of a number of theoretical frameworks and consider what factors led to (in the parlance of John Kingdon) this particular policy window being open. These deliberations will help to build a broader assessment of the policy drivers, and query whether the anticipated outcomes will and can be met. This research is in its infancy, and this conference provides an opportunity to present and test initial assumptions.

With regulatory consistency now established, and shortly to be extended to a wider range of health practitioners, the question remains as to how or whether this streamlined structure can affect the size, shape and distribution of this workforce in relation to the needs of the community.

.

(249)

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

**Name of Author(s) – asterisk the presenting author(s):**

Elin Lehnбом\*  
Andrew McLachlan  
Jo-anne Brien

**Presenter(s) institution/organisation, address, email, and telephone:**

Faculty of Pharmacy, University of Sydney, Sydney  
Therapeutics Centre, St Vincent's Hospital, Darlinghurst 2010 NSW  
[elin.lehnbom@sydney.edu.au](mailto:elin.lehnbom@sydney.edu.au)  
02 8382 2053

**Short Biography of presenter(s) (maximum 50 words):**

Elin is a pharmacist, researcher and surf life saver. She completed undergraduate studies in pharmacy and postgraduate training in clinical pharmacy in Sweden before taking up a position as a PhD candidate at The University of Sydney in 2008. Her research focuses on the management of patients with chronic disease.

#### **Presentation Details**

**Presentation Title (up to 10 Words):**

Opinions about Individual Electronic Health Records; a qualitative study

**Keywords: (up to 5 to assist organisers in streaming papers):**

E-Health  
Individual Electronic Health records  
Health Reform  
Qualitative research

#### **Research Details (250 word limit)**

**Introduction/Background:**

The National Health and Hospital Reform Commission recommended that individual electronic health records (IEHR) be developed and implemented by 2012. The 2010-11 Commonwealth budget allocated \$467 million to introduce IEHR. However, Australian data on opinions about IEHRs are currently lacking.

**Research Question:**

What is the knowledge, understanding and views on IEHRs among Australian healthcare providers and consumers?

**Methodology:**

Participants were recruited via advertisements placed in hospitals, outpatient clinics, libraries and was also sent electronically to professional organisations. Consenting participants partook in interviews conducted either over the phone or face-to-face, in small groups or one-on-one. Interviews were audio recorded, transcribed and analysed for emerging themes.

**Findings:**

Twenty consumers and 22 healthcare professionals were interviewed. Preliminary analysis revealed poor knowledge about IEHR among consumers whereas most healthcare professionals had heard about IEHRs. However, their understanding was limited to electronic health records for hospital inpatients. All participants viewed the implementation of IEHRs as inevitable and the majority were in favour of this development. The major concern participants had regarding IEHRs was how patient privacy will be protected. In addition, there was major controversy regarding the uptake of the system and whether it should be an opt-in, opt-out or a universal system.

**Policy Implications\*\*\*:**

Insights from this study will highlight current shortfalls and key areas requiring strategies to inform consumers and healthcare providers about the IEHR. This is critical to the successful implementation and utilisation of E-Health initiatives and policies in Australia.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

Yongqiang Li\*  
Wei Dai\*  
Miaoli Du

##### **Presenter(s) institution/organisation, address, email, and telephone:**

Yongqiang Li                      Victoria University, 295 Queen Street, Melbourne, PO Box 14428, Melbourne, Vic  
8001, Australia [Yongqiang.Li@vu.edu.au](mailto:Yongqiang.Li@vu.edu.au)      Mobile: 0434406356

Wei Dai                              Victoria University, Ballarat Rd, Footscray, Melbourne, Victoria, 3011, Australia  
[Wei.Dai@vu.edu.au](mailto:Wei.Dai@vu.edu.au)

##### **Short Biography of presenter(s) (maximum 50 words):**

Yongqiang Li is a PhD candidate at VU. His research area is corporate governance and government regulation.

Wei Dai is a lecturer at VU. His area is Services Oriented Architecture (SOA). He is the founder of the Phoenix Platform in VU.

Miaoli Du holds a bachelor of bio-medical engineering degree.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

*Need Assessment and Feasibility of Developing a Responsive Integrated E-health System*

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

Need assessment, policy feasibility, responsive, integration, E-health

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

In December 2008, the release of the Government's National E-Health Strategy initiated the nation-wide reform of the health care system, which has four strategic focuses, namely foundations, e-health solutions, change and adoption, governance. One and a half years has passed, whether the initiative is addressing the right needs in the appropriate way merits in depth investigation. As one size does not fit all, various kinds of stakeholders are concerned with the feasibility and cost-efficiency of a better national E-health reform model with responsiveness and integration. All these afore-mentioned issues serve as the need for this paper.

##### **Research Question:**

*What are the real needs for the E-health system? How to develop a politically feasible, responsive and integrated E-health System in Australia?*

##### **Methodology:**

Evidence-based approach (i.e. systematic review and cost benefit/efficient analysis) will be used to analyse the need of the E-health system. Based on the evidence identified, a balanced-score card approach will be adopted to develop the strategies for the development of a responsive and integrated new E-health reform. Comparative analysis approach, referring to good practices in other nations with similar context as Australia, will also be used in the policy development section.

##### **Findings:**

- 1 Identify the targeted groups (might be doctors, or patients, or hospitals) whose need for the E-health system has not been met by the existing policies. Specify these unmet needs.

- 2 Develop an integrated strategic plan of the E-health system reform to address the unmet needs based on new ICT techniques.

**Policy Implications\*\*\*:**

This project is at the proposal design stage. Potential policy implications include the following:

1. Need assessment is of great significance in policy analysis. Addressing the right needs can improve the efficiency and social equity of future E-health system.
2. Given that the unmet social needs are heterogeneous and institutional context is diversified in different vocations, incorporating politically feasibility, responsiveness and integration into the E-health System can better the implementation of the new system.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

Stuart Wark\* (1 & 2)  
Rafat Hussain (2)  
Helen Edwards (3)

##### **Presenter(s) institution/organisation, address, email, and telephone:**

- (1) The Ascent Group, PO Box 18, Armidale, NSW, 2350 ([swark@ascentgroup.org.au](mailto:swark@ascentgroup.org.au) / 0408673898)
- (2) The School of Rural Medicine, University of New England, Armidale, NSW, 2351 ([rhussain@une.edu.au](mailto:rhussain@une.edu.au) / 6773 3678)
- (3) The School of Education, University of New England, Armidale, NSW, 2351 ([helen.edwards@une.edu.au](mailto:helen.edwards@une.edu.au) / 6773 2078)

##### **Short Biography of presenter(s) (maximum 50 words):**

Stuart has worked in the disability field for over fifteen years in both Government and Non-Government settings. He is currently employed as the Client Services Practitioner with The Ascent Group, a not for profit charity. Stuart's academic background is in psychology, and is nearing completion of his PhD at UNE.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

Ageing and Intellectual Disability – The Emerging Health Crisis

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

ageing intellectual disability training development

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

In recent years, a combination of factors have seen life expectancies for people with disabilities increase dramatically. While this improvement is very desirable, it is resulting in a new crisis; how are services going to support a substantial number of people with an intellectual disability as they age? There are no significant policy frameworks, and little information is available regarding how support workers understand these issues.

##### **Research Question:**

The purpose of this study was to gain an understanding from staff working in the disability sector within rural areas of NSW regarding the most important issues facing them as they support people with disabilities who are ageing. From these findings, it was possible to determine policy, training and professional development needs through the staff's identification of priority areas.

##### **Methodology:**

A three-round Delphi research model was utilised over a period of twelve months. The participant group (N=31) included representatives from fourteen different disability service agencies covering nine of the ten Department of Ageing, Disability and Home Care designated non-metropolitan regions.

##### **Findings:**

This study detailed a number of important items relating to the ageing of people with intellectual disabilities. A thematic analysis identified specific areas of concern including funding, inadequate/inappropriate training, access to relevant services, medical/health problems, time constraints, and family dynamics.

##### **Policy Implications\*\*\*:**

The findings of this study have implications for Government Departments, disability service providers and training entities in both the delivery of services to individuals with intellectual disabilities who are ageing, and for the training of the staff who support this cohort of people.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**