

RESOURCE ALLOCATION AND PRIORITY SETTING IN COMPLEX HEALTH SYSTEMS

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ABSTRACT:

Determining the optimal allocation of healthcare resources to improve health has been a key challenge to healthcare systems (Drummond, 2005; Mooney, 2008, Marmot, 2007). The limitless possibilities for health services force policy-makers to decide what health services to provide, for whom, how, when and where (Bate, 2007; Mitton, 2004).

How does economic evaluation contribute to resource allocation decisions? Previous studies have examined the use of health economic data by one or two levels of decision-makers, but many health care systems are highly complex. This study seeks to elucidate how decision-makers decide, what economic analytical tools and/or methods to employ and why.

We recruited a purposive sample of Australian healthcare decision-makers by direct invitation through e-mail and invited them to complete a Web-based survey. We then took sub-samples from federal, state and territory, and regional levels of health service management. Quantitative questionnaire responses were subjected to multivariate analysis (SPSS). Full text transcripts of interviews are being coded thematically. In total 91 questionnaire and 25 interviews were available for analysis. As expected, there is a common understanding amongst decision-makers about resources and choices, but views about the value of economic evaluation varied. The higher the managerial level of a respondent, the greater was their understanding of the value of economic evaluation.

Key Words: Complex Systems Theory, Economic Evaluation, Decision-Making, Health System.

Australia has made more major structural changes to its health system in the last 30 years than any other country. A compulsory, public insurance scheme, Medibank, was implemented alongside the existing private insurance scheme in 1975. Medibank was then abolished in 1981, but was subsequently re-implemented, as Medicare, in 1984. While successive governments have continued to shift the balance between public and private insurance since the 1980s, the two major parties have come to agree that both schemes have a legitimate role to play. To stabilise Australia's health system, the federal government needs to resolve the underlying tensions between the public and private insurance schemes by developing an economically sustainable hybrid model that continues to ensure universal access to care.

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Abstract:

Knowledge transfer: views and practices of Australian public health and health services researchers

To complement a study of knowledge transfer (KT) practices by Australian health research funding agencies, a postal survey was conducted to examine the role of Australian public health and health services researchers in KT. KT has been defined as *'the exchange, synthesis and ethically sound application of knowledge within a complex system of interactions among researchers and users'*. In November 2004, the principal investigators (PIs) of all public health and health services research projects funded by the NHMRC, the National Heart Foundation Australia (NHFA) and the Health Research Foundation Sydney South West (HRFSSW), which were due for completion at least two years prior to this survey were invited to participate. The survey questionnaire addressed i) the role of funding organisations in supporting KT activities in the part of researchers in population health, ii) the current KT activities of the funded researchers, iii) the views of researchers about effectiveness of KT activities, iv) the views of researchers about their required KT skills and v) the views of researchers about their role and also the role of funding organisations in KT.

From 249 funded research projects, PIs of 187 returned their completed questionnaires (75.1% response rate). The self-reported influence of funded research results in policy and practice was low. The highest recognised impact of research results was provision of continuing education for 27.3% of the projects. Influence of research results in policy formulation was reported for 1 in 4 funded projects. 18.2% of research projects were reported to have influence on population health programs. Two-thirds of PIs (66.3%) indicated that they were not contractually responsible to report their KT activities to their funding organisation. For less than half of the research projects (48.1%), part of the awarded grant was expended for KT activities. This study examined partnership or collaboration between researchers and end users at different stages of research.

Partnership or collaboration between researchers and policy-makers for KT activities were reported for less than 30% of the referred project. When asked researchers about their required skills in KT, the first five 'highly needed' skills were reported as 'engaging politicians in research findings' (37.9%), 'advocating policy change with policy-makers' (28.2%), 'preparing recommendations for policy-makers' (24.7%), 'media presentations' (21.3%) and 'writing summaries for policy-makers' (18.4%).

This survey also examined the views of researchers in population health about strategies to transfer research results into policy and practice. However, interventional research is required to determine the effectiveness of KT strategies.

Age-related hearing loss: findings from the Blue Mountains Hearing Study and implications for health policy.

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The development of a hearing policy for Australia is an outstanding unmet need. We report on the prevalence, 5-year incidence and progression of hearing impairment in a representative population-based sample of older Australians, the Blue Mountains Hearing Study (BMHS). During 1997-2000, 2015 persons aged 50+ years had audiometric testing performed, with some level of hearing impairment found in 39.3%. At baseline, only 31.7% of subjects with any level of hearing loss had reported using a hearing aid at some point. The 5-year incidence of hearing impairment was 17.9%. For each age decade over 60 years, the risk of incident hearing loss increased 3-fold. The population attributable risk proportions indicate that approximately 14.9% and 12.8% of incident cases of hearing loss were attributable to family history and exposure to noise at work, respectively. Of those with hearing loss at the first examination, 48.1% experienced further decline in hearing function. Our data highlight the burden imposed by untreated or under-treated hearing loss among Australians aged 55 years or older and indicates the need to implement programs to reduce or eliminate preventable hearing loss, and points to a major public health need, which will expand with population ageing. The above findings from the BMHS will be discussed in the context of previously outlined issues to be incorporated in a comprehensive hearing health policy, including: earlier intervention; addressing the cost of hearing aids; increasing the use of assisted listening devices; improved hearing rehabilitation; screening and better education of older people and practitioners.

The efficacy of helicopter emergency medical services

Colman Taylor

Around the world there has been extensive study and debate on the efficacy of helicopters emergency medical services (HEMS) in conjunction or instead of ground based services for the primary retrieval and inter-hospital transport of critically ill or injured patients. The question of which is more effective is difficult to answer due to the multiple factors that can influence the comparators. This is coupled with the vastly different health systems and patient populations that exist in an international context denoting the low applicability of research results from one country to another.

In NSW as in many regions, HEMS use is a highly politicized topic of discussion. Most services have historically been run by charities which rely heavily on corporate donations and sponsorship. In 2005, the NSW Ambulance service took over the Sydney air ambulance operations with a long-term vision of creating a state wide integrated system. No comprehensive picture has been established of the various services that operate in the state of NSW and how their mission and patients statistics vary. Further to this, while it is generally accepted that helicopters are an integral part of the health system, at what point they become cost effective is unknown.

The proposed PhD seeks to:

1. Develop a system map of the various services that currently exist in NSW and how the integrate.
2. Establish how patient and mission statistics vary by service and by geographic region.
3. Undertake an economic assessment to ascertain if helicopters are cost-effective for out-of-hospital transport.

Health professionals: what do they see as the problems and solutions for better chronic illness management

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Aims and Rationale

Chronic, non-communicable diseases are currently responsible for around 70% of the total burden of illness and injury experienced by Australians and this proportion continues to rise. Diabetes, chronic heart failure and chronic obstructive pulmonary disease are the focus of the Serious and Continuing Illness Policy and Practice Study (SCIPPS) designed to find policy and health systems solutions to the barriers in providing best care to people affected by those conditions.

Approaches

A qualitative study was conducted to gain an in-depth understanding of the experience of people affected by the index conditions in the ACT and Western Sydney. Preliminary analysis from the interviews with patients (N=52) and their carers (N=14) revealed that they faced significant difficulty managing their chronic illness because of economic hardship, management of co-morbid conditions and the competing demands inherent in managing illness as a part of their lives. To enrich the understanding of the key issues, additional information was sought from health care professionals (HCP) in terms of their own challenges in providing care for people with chronic illness, with a particular focus on health services and systems issues. Seventy-seven HCPs from hospital and community settings in the two regions participated in ten focus groups and five individual interviews. This paper reports on the key findings from the HCPs' data.

Findings

While confirming the significance of the three major challenges identified by patients and carers in managing the index conditions HCPs described the challenges in terms of compliance with recommended treatment and fragmentation of services. Further examination of the data revealed that the nature of the problems and the solutions can be explained in terms of behavioral issues of HCPs and of people with chronic illness; and structural issues relating to service organization, funding and resourcing, workforce, and access.

Incremental Change or Tectonic Shifts – Medical Specialist training, workforces and the roles of the Medical Colleges in Australia

Quantifying and addressing a perceived shortage and maldistribution of the medical workforce in Australia has been a key challenge for individual governments, as well as multi-jurisdictional entities, including the Council of Australia Governments (COAG).

Initial work by the Australian Competition and Consumer Commission (ACCC) on the activities of the Royal Australasian College of Surgeons (RACS) was followed by a more collaborative review of all Colleges in conjunction with the Australian Health Workforce Officials Committee (AWHOC). The broader Productivity Commission of Australia's Health Workforce provided further deliberations on strategic and structural workforce planning. Each served to cast light on the activities and operations of Medical Colleges that have been referred to as 'closed shops'.

My research has focused on reviewing these events through the prism of a shifting regulatory environment. The advent of a national and static registration and accreditation scheme will now embed medical practitioners within a framework for all health professionals.

The roles of the Colleges in training, education, workforce policy development and delivery are being contested (as are the scope of some specialty medical activities) and this impacts on their status as stakeholders and capacity to act as advocates in the broader health policy arena.

The purpose of this paper is to outline some of the possible directions for this area of investigation as both retrospective analysis and prospective studies in the Australian setting, and comparatively with the United Kingdom.

Fiona Pacey

WAJELA DUBAY – WOMEN SPEAKING OUT

By **Glenys Owen**¹,

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(LLB., B Plan, B. Sc, M Pub Hlth. Based on research for thesis in partial fulfillment of Master of Public Health, Griffith University, 2007)

(TOPIC – INDIGENOUS ISSUES)

ABSTRACT

Indigenous women and their children are most at risk in our urban society from being forced into inappropriate or overcrowded housing, even into homelessness due to housing inaffordability. The relationships between inadequate housing or housing-related infrastructure and poor health outcomes are well known².

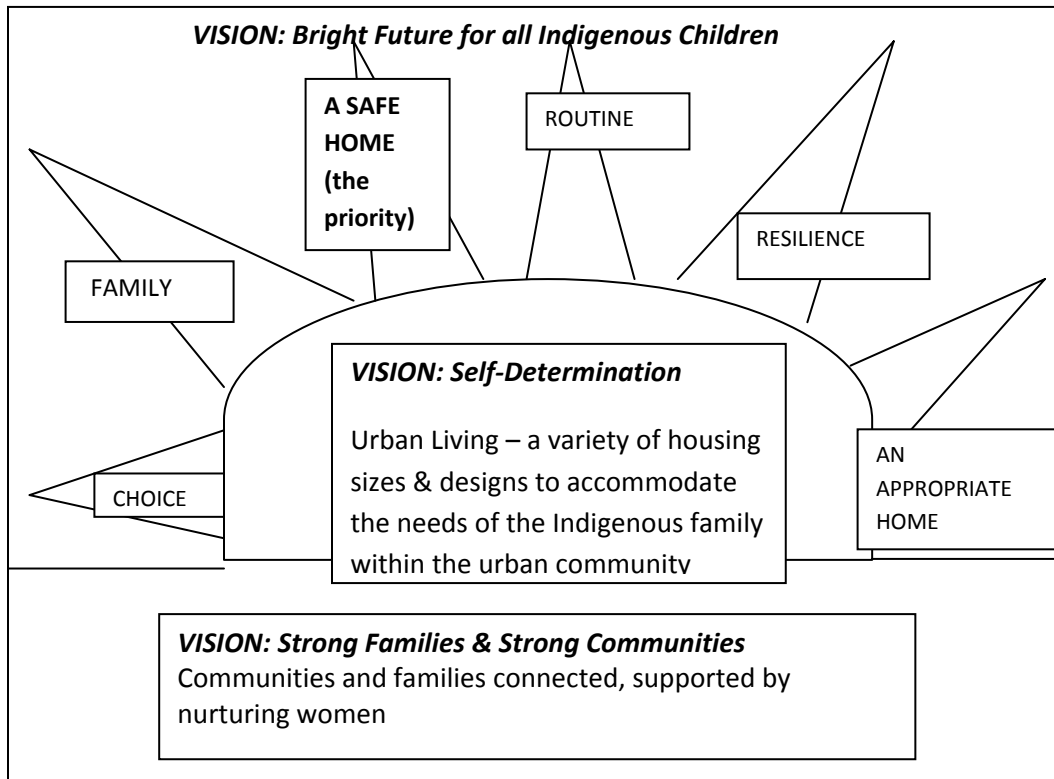
This is a research project that invited Indigenous women to focus groups where they were asked to identify positive strategies for improving their health & access to housing. The participants painted personal health & housing experiences and told their painting stories to the others present.

Twenty-nine stories were recorded in word and/or art. Participants were then invited to a group meeting to view the art and listen to all the stories. Themes emerged. The participants identified six positive strategies and three broad long-term visions for healthy living.

Three Indigenous co-researchers, Narelle, Maureen and Aunty Joyce, recruited the participants. Narelle painted the strategies and visions; and Aunty Joyce named the project & painting “Wajela Dubay- Women Speaking Out”.

According to Huggins (2006) Indigenous initiatives only work if they are “homegrown”.³ The homegrown strategies identified by the *Wajela Dubay* participants may stimulate new housing & health initiatives for “closing the gap” between housing & life expectancies for Indigenous and Non-Indigenous Australians.

© Wajela Dubay - Fig 10: The Strategies and Visions Identified by the Participants (schematic)





© *Wajela Dubay – Women Speaking Out* Painting by Narelle Urquhart

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² Australian Institute of Health & Welfare (2005) *Indigenous housing needs 2005 – a multi-measure needs model*. Cat. No. HOU 129(Canberra:AIHW) 8-9.

³ Huggins, J. (2006) Speech to the 4th National Homelessness Conference by Ms Jacqui Huggins, Co-Chair Reconciliation Australia, 2 March 2006, Sydney Convention Centre, Sydney.

MEASURING AUSTRALIAN SALT INTAKES

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Excess dietary salt is a key contributor to high blood pressure and vascular disease. National and international organisations recommend that average population salt intakes are reduced to below 6 grams per day. Whilst generally accepted to be too high, there is substantial uncertainty about current levels of salt consumption in Australia. The objective of this study was to summarise the available data estimating salt intakes in Australia. A systematic review of the literature was undertaken to identify all published studies that have reported an estimate of salt consumption for adults in Australia. Estimates based on dietary recall methods and urine assays were included where $N > 60$ and measurements were not confined to specific ethnic groups. Twelve studies conducted between 1997 and 2008 were identified: 10 utilised 24-hour urine collection and 2 used dietary recall methods. Only one study sought to estimate the salt consumption of the general population and that used dietary recall. The remainder were studies of non-representative sub-samples of the population recruited for other reasons. Estimated mean salt intake from the different studies ranged between 3.2 and 7.9 g/day (Sodium (Na) 55 - 135 mmol/day) for dietary recall, and between 6.5 and 12 g/day (Na 111 - 205 mmol/day) with 24-hour urine collections. Estimated salt consumption was generally higher in men than women. The available data are insufficient to reliably estimate the level of salt consumption in the Australian population. Biases consequent upon the assay techniques used and the non-representative sample of most of the studies make it impossible to reliably estimate mean salt consumption in Australia. The planned National Diet and Physical Activity Survey offers a unique opportunity to determine salt consumption in Australia using 24-hour urines in a sub-sample of those surveyed.

One year after implemented Timor-Leste the New Malaria Treatment Protocol: challenges and constraints

Joao Martins

Timor-Leste has recently changed its case management protocol for the treatment of malaria falciparum. This marks the second change of first-line anti-malarial treatment for malaria in this country. The first change occurred in 2002 after the country got Independence, changing monotherapy with Chloroquine (CQ) to monotherapy Sulphadoxine-Pyrimethamine (SP). The recent change was to replace Sulphadoxine-Pyrimethamine with Artemisinin Combination Therapy (ACT) in treating malaria falciparum in Timor-Leste. The Ministry of Health has signed off the new malaria treatment protocol in 2007 and subsequently introduced it to all government health facilities, however, lack of training for health workers, lack of monitoring and supervision and no clear policy as to how the private sector also gets access to ACT impeded the implementation of this new treatment protocol. To ensure a proper implementation this treatment policy change, extra concerted efforts from policy makers and health workers at health facility level would be needed rather than just expecting the change would naturally take place. A clear policy from the government would be required to make sure that private sector would not be left out as partners in implementing policy change in malaria treatment.

In need of policy vision: Older Australians with correctable vision impairment.

Julie Schneider

Post-doctoral Researcher, AHPI

Correctable vision impairment has been recognized by the World Health Organisation (WHO) as one of the major contributors to global visual impairment and blindness, and has been documented across developing and developed countries. In Australia, The Blue Mountains Eye Study, a population based cohort study that has been underway for 15 years, reports uncorrected refractive error is responsible for more than half the visual impairment identified among persons aged 49+ years. In this presentation, the frequency, impact and course of correctable impairment will be outlined. Second, factors associated with correctable impairment, and barriers to eye healthcare identified throughout the literature will be presented. Finally, the need for health policy response to support increased recognition of the problem, improve detection, and ensure availability of quality spectacles will be discussed.

Global Policy, Local Reality: Maternal health policy development in Timor-Leste

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Maternal health has been on the national policy agenda in Timor-Leste since independence in 2002. Like many other developing health systems in Asia and Africa, maternity waiting homes have been proposed as a strategy to improve access to care for women in rural areas, with the ultimate aim of achieving the global health challenge of reducing maternal mortality. This research uses maternity waiting homes as a case study to analyse the maternal health policy process in Timor-Leste. Employing in-depth interviews with policy elites, three distinct stages in the policy process are studied: agenda setting, policy formulation, and implementation. Not surprisingly, the maternal health policy agenda was highly influenced by individual actors and international standard-setting organizations such as UNFPA and WHO. The enthusiasm with which the maternity waiting home concept was adopted by Ministry of Health officials attests to the importance of 'visible' strategies that serve broader political and professional interests. Complex power relationships privilege the role of technical advisors and national elites when setting the policy agenda, however, the policy was transformed in the implementation stage. Weak governance structures, the lack of funding and appropriate space for delivery, as well as socio-cultural norms meant that health managers and midwives exercised control over adapting the policy during implementation. In order to develop more effective policies, decision makers should utilize local and international evidence-based research and broaden their definition of stakeholders to include women of child-bearing age, particularly those living in rural areas.

Laurel Hixon
PhD Student in Health Services, UTS

“Examining the relationship between the structure and behaviour of community aged care providers and clients’ perceptions of quality and performance”

As public investment in community aged care increases, so too does the public’s interest in understanding the quality of these services. While there is a preference for using process and outcome measures from Donabedian’s classic formulation of quality, as they are seen as more robust, there is some evidence that service structure has been overlooked as a significant explanatory variable.

This thesis examines, in depth, the community aged care service “architecture” in New South Wales looking at both the Commonwealth-State funded Home and Community Care (HACC) Program, and the several other smaller “package” programs funded solely by the Commonwealth. These are the Community Aged Care Program (CACP), Extended Aged Care at Home (EACH) and National Respite Care Program (NRCP). A “Community Aged Care Service Capacity Mapping” grant is underway and early evidence from this will be presented and discussed. Of special interest in this mapping exercise is the growing evidence of both vertical and horizontal integration found in the industry. This movement towards integrated service delivery suggests that fragmentation and lack of coordination may be overstated.

Future analysis will examine differences in clients’ perceptions of quality and performance between provider types. Ultimately, this will inform policymakers about how best to use future investments to help shape the structure of community care delivery in a way that best meets the needs of clients.

Ethnographic Fieldwork with Stakeholders on the Participation of Old Miao People in China's new Rural Cooperative Medical Scheme

Lin Yuan

Objectives: This study will explore the barriers to, and opportunities for, enhancing the participation of older Miao people in the local development and implementation of the RCMS. It will examine how the RCMS operates in Yuhe by addressing the experiences of older Miao people, health professionals and local officials involved. A principal objective in the process will be to analyse how the needs of older Miao people are identified and addressed by the scheme.

Methods: The study drew mainly on Ethnographic methods, including semi-structured interviews, focus group discussion, participant observation. It has been conducted within the Miao township of Yuhe. Participants included local older Miao people, government officials, and health professionals.

Initial findings: Barriers of older Miao accessing to the health service, health professionals providing qualified health service, officials carrying on the new RCMS have been located. Expectations on health service, health service providers, and officials have been found.

Projected outcomes and significance: The study will contribute to current knowledge and understanding of the kinds of social relations and practices involved in the effective development and implementation of health policy and services designed to enhance the health outcomes of marginalized, ethnic minorities in rural China. It will advance prevailing information and awareness of the kinds of health policy and service processes that improve the health needs of older people in such communities, particularly the role of participation by service users.

Title: Tobacco control, disadvantaged youth and equity: preliminary results from a grounded theory study

Despite the success of Australian tobacco control in reducing youth smoking prevalence, young people that experience disadvantage associated with socio-economic position, mental illness, homelessness, sexuality, ethnicity or indigenous status continue to smoke at much higher rates than the general population. Disadvantaged and marginalised young people are particularly vulnerable to becoming the heavy and long-term smokers of tomorrow, however existing research provides little insight into how mainstream tobacco control initiatives are translated into the lives of these young people. Research is overwhelmingly reductionist, attempting to isolate the factors that are predictive of smoking, or quantify the impact of single factor interventions. Where qualitative studies exist, they are frequently limited by a narrow focus and engagement with participants at single points in time. Largely absent from the literature is complex, multi-dimensional studies that engage with participants on a longitudinal basis to probe how and why this population resist, commence, maintain and quit smoking and reveal precipitating factors and events. This presentation will draw on a grounded theory study of smoking among disadvantaged young people recruited through health and social service agencies. Smoking prevalence among these young people is in the order of 60-70%. Preliminary emerging themes include choosing identity, negotiating social worlds, expressing autonomy or lack thereof, externalising lack of self-care, the impact of trauma and parenting styles. Implications for tobacco control policy and addressing equity will be explored.

Author biography: Marita Hefler is a doctoral researcher in the School of Public Health under the supervision of Professor Simon Chapman and Dr Stacy Carter. She is also employed as a Health Promotion Officer at Youthblock Health & Resource Service which provides a range of holistic health services to young people who are homeless, marginalised or at-risk.

**Abstract for Emerging Health Policy Research conference,
Sydney 9 October 2008**

**Marlene Eggert, Registered Nurse, PhD student, Medical School, Australian
National University**

Does productivity pressure impact on Australian nurses' care quality?

Nurses were shown to be dissatisfied with their care quality. They vaguely blame a lack of management support for their workplace experience. This presentation answers the question whether there is a causal relationship between managements' decision bias towards productivity gains and nurses' claims of unsatisfactory care quality?

In service industries where the labour input constitutes their output, productivity pressures lead to quality loss. As the service product is largely intangible, quality loss remains invisible to management. Because input reductions and increases in service contacts are tangible, management decisions bias productivity over quality.

On a theoretical level quality loss in service industries can be explained through the specific nature of both, labour input and service production and management bias for productivity gains. Baumol (1967) argues that labour input in service industries constitutes their output. For this reason, labour is service industries' main determinant of cost and quality. A reduction in labour input results in a loss of quality. Oliva and Sterman (2001) identified the inseparability of service production and consumption as resulting in imbalances between supply and demand, affecting service quality. Further, service industries' labour intensity and the intangibility of their product means that management trade-offs privilege tangible productivity over intangible quality. There is empirical evidence for hospital managements' bias to seek productivity over quality gains. In Australia, public hospital nurse/ patient separation ratios have decreased since 1993 and in NSW delivered nursing care fell short when measured against professional standards.

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Untangling the role of health in chemicals regulation

SM Potter, A Capon & W Smith

Environmental Health Branch, NSW Health

Chemicals, during production, in consumer products, and after disposal, have significant potential to impact on human health. The regulation of chemicals in Australia is managed by a diverse group of federal and state government agencies. Chemicals are regulated differently throughout their lifespan, from manufacture to production, sale, and import. The end use of a chemical (for example, as a pesticide, medicine, or food additive) can determine which regulatory body has primary jurisdiction.

While chemicals regulation in Australia is robust, one principle area of public health concern is the control and regulation of chemicals in imported articles. Many imported products are fabricated in countries where manufacturing and environmental standards may be less rigorous than in Australia. Recent examples of imported products which have required an intervention from NSW Health due to adverse chemical content include: toothpaste containing ethylene glycol; toys coated in lead-based paint; and Bindeez beads containing 1,4 butanediol.

Although the public health response to Bindeez beads and other products has been proficient, the process may have been improved by having a better understanding of the regulatory web of chemical production. Our aim is to map out the different roles and functions of the multiple agencies involved in chemicals regulation. This will enable the clarification of a particularly convoluted system, and the identification of health-relevant intervention points within the regulatory scheme. From this mapping exercise, we can then develop a policy framework to guide NSW Health into effectively communicating with relevant stakeholders, with the objective of minimising the public health impacts of chemicals.

Patient attitudes and frequent readmissions in chronic disease in older people

Authors

Sue Kirby, Sarah Dennis and Mark Harris

Background

The hypothesis underpinning this study is that some frequently readmitted patients are ill equipped to deal with chronic disease management because of their attitudes and beliefs. Uncovering the attitudes which are associated with frequent readmissions will assist in the design of interventions to prevent readmissions in this group of patients. This is a relatively small group of patients for each hospital who are frequently excluded from other research which means that there is a gap in the evidence to inform policy to support these people to cope in the community.

Methods

- Analysis of 5 years of emergency department data from a regional hospital to develop a patient profile
- Observations on patient-clinician interactions and
- Semi-structured interviews with frequently readmitted patients and clinicians

Results

A profile of frequently readmitted patients showed two groups: older patients with acute exacerbations of chronic disease and younger patients with mental health problems.

There were no outward signs of clinician discrimination against frequently readmitted patients.

Clinicians indicated that frequently readmitted patients are anxious and have less support at home.

Frequently readmitted patients thought that they were managing the symptoms of their chronic diseases by presenting to the emergency department. They reported difficulty getting a GP appointment and experienced difficult life events.

Conclusions

It is likely that interventions aimed at improving the ability of patients to self-manage will assist in addressing the problem of frequent readmissions in older people with chronic diseases.

Abstract

ECONOMIC AND HUMAN IMPACT OF CARDIOVASCULAR DISEASE ON FAMILIES IN MALAYSIA

Surianti Sukeri, Masoud Mirzaei, Stephen R. Leeder

Cardiovascular disease (CVD) comes at an astounding cost. But the economic and human impact on patients and their families is poorly understood. This study will seek to address these shortcomings by identifying and describing the economic losses attributable to CVD in Malaysia and the impact on income and household expenditures of patients and their families. This study will also provide an insight into the human face of the disease, particularly its psychosocial and emotional impact. The cross-sectional study will be carried out from April to June 2009 at the National Heart Institute (NHI), Kuala Lumpur, Malaysia. After signing an informed consent form, patients who have been admitted to hospital with CVD in the past three years (but not the past one month) will be interviewed using a structured questionnaire on CVD history and treatment expenditures, functionality and productivity, and household characteristics. In-depth interview will be conducted among selected patients and their families. Both questionnaire and the in-depth interview are designed to allow the measurement of both economic and human impact of CVD by seeking information both at household and individual levels. Eligible respondents will be all patients aged between 25 to 70, diagnosed with cardiovascular or other diseases of the circulatory system (coded as I00 to I99 in the ICD 10.) Patients and their families will be contacted while waiting for care at the NHI follow-up clinic. The data obtained from this study can be put to several uses such as enhancing clinical treatment, communicating with the public, informing health policy and setting research priorities.

Abstract title: **Disclosure of adverse events**

Presenter: **Tina Cockburn, QUT Faculty of Law, Brisbane**

Abstract:

Although much excellent work has been done in Australia and elsewhere to improve the safety and quality of health care provision, the practice of medicine is inherently risky - adverse events sometimes occur. In Australia, practical guidelines for the open disclosure of adverse events to patients have been developed and are being implemented. State and Territory medical boards have recently adopted Codes of Conduct which include disclosure provisions, although the Australian Medical Association's Code of Ethics does not yet contain express patient disclosure provisions. There is a dearth of authority concerning legal obligations to disclose known or suspected adverse events. Although many Australian jurisdictions have introduced statutory protection for those who apologize or express regret to patients following an adverse event, there is no corresponding express statutory disclosure obligation, unlike in some parts of the United States. This presentation will consider select aspects of the researcher's work in progress concerning the complex ethical, practical and legal issues which arise in this area.

Changing the food environment in Fiji & Tonga: a policy-based approach

The Pacific Islands are undergoing a nutrition transition, evidenced by a move away from traditional diets towards a reliance on imported less healthy options. Along with other lifestyle changes, this is resulting in a growing and significant noncommunicable disease problem across the region. The food environment has a significant impact on what people eat, often limiting the effectiveness of other health promotion interventions. Modifying the food environment, so that it supports healthy eating is a powerful and yet underused tool.

A participatory process has been used to identify the policy drivers contributing to an unhealthy food environment in Fiji and Tonga. A substantial number of policies and policy gaps were identified in both countries, affecting the price, availability and accessibility of both local and imported foods. This suggested that a lack of consideration of health implications by policy-makers has significantly contributed to the current unhealthy food environment.

Identifying policy solutions requires consideration of the wider impacts of any policy change, along with their feasibility and probable effectiveness. Multiple policy solutions have been identified within this research, and the 'most promising' ones selected span a range of areas. They relate to imports, production and exports, and are from sectors including finance, trade, commerce, fisheries and agriculture.

This presentation will highlight the policies which have been identified, and will discuss the policy suggestions generated, and their potential implications. The need for consideration of health across all policy-setting areas will be considered.

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