



Victorian Healthcare Association



PLANNING FOR OPTIMAL HEALTH OUTCOMES: IMPROVING ACCESS TO DATA

EXECUTIVE SUMMARY

Measures of mortality and morbidity represent the minimum standard in terms of health data and provide incomplete information about overall population health status. The limits of mortality data are most evident for preventable chronic diseases and injuries that impact on wellbeing and quality of life¹. The VHA supports population health indicators that consider the holistic health and wellbeing of communities.

The concept of health is intricate and complex. Consequently, stronger evidence and knowledge is required that transcends the medical model of research. Programmes are most likely to succeed when the 'determinants of a health issue are well understood, where the needs and motivations of a target population are addressed and the context in which a program is being implemented has been taken into account'². These factors rely on quality data and information.

All programmes depend on a foundation of information to guide processes. Field and Gold (1998) believe that policymakers and analysts at all levels—international, national, regional, and local—would benefit from improved access to quality data to inform their decisions about how to invest limited resources to improve population health and wellbeing³.

ACCESS TO DATA

Large sources of data are currently unavailable to health services. This includes data collected by the Health Insurance Commission, the biggest source of information on the primary health care activities of the Australian population. Yet, it is difficult to access and only limited information is provided. The VHA believes that broader access must be provided to this information.

All governments who collect information from service providers have a responsibility to provide access to this information back to the health and community sectors. This information is vital to enable improved population health based approaches. A National Data Bank, auspiced through a University, would ensure data integrity.

An important issue is access to meaningful data. This is hampered by disparities between collection and measurement units.

For example some data might be collected for Divisions of General Practice, some by local government area and some by the DHS region. All of these boundaries differ. This makes it nearly impossible to compare and contrast the data. A secondary issue is the large time gaps between data collections. This means data collected in 2001 might be compared to data collected in 2005. A systematic approach that standardises collection area boundaries across Australia will confer more meaning on the available data sources.



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VHA POSITION

Local needs are best addressed by local decisions that lead to local solutions. Widespread access to valid, accessible, appropriate, comprehensive and usable data and transparent methods of measuring and reporting population health is needed to enable health services to ensure local programmes are evidence-based⁴. The VHA's latest research and consultation with stakeholders has identified important gaps that limit transition to a "Whole of Health" approach - specifically data collection.

CONCLUSION

One of the most cited concerns about the reform process is the disproportionate investment in medical care compared to prevention programmes. When accurate, effective and valid data is provided for decision-making, it can produce positive outcomes. Furthermore, when this data is made available to the wider community, it is possible to enable partnerships with public, private, non-government, international organisations and community groups that help to create sustainable actions.

The VHA believes it is time move towards an integrated suite of population health indicators that support health services to:

1. identify and manage community need
2. monitor progress in improving and maintaining population health
3. enable a better functioning of the health system.

To achieve this systematic data collection and analysis systems are required

RECOMMENDATIONS

To commence the reform process, the VHA recommends:

1. The establishment of a national health data site to integrate data from various sources and makes it publicly available. This site should incorporate Geographic Information System mapping capabilities.
2. That DHS establish a working party to define an appropriate methodology for introducing a systemic approach to population health reporting and accountabilities. This will lead to the development of a clear articulated set of industry agreed population health indicators and mandated public reporting of these indicators
3. Population health indicators should align with the DHS' Health Promotion Priorities for 2007-2012. It is vital that the ongoing development of indicators assists in developing priorities, and establishes targets and measures progress
4. Community needs assessments must be encouraged and financially supported, based on the Whitehorse Community Health Service model (see box on page 4).
5. A public education campaign focuses on reorienting public perception of health care performance away from bed-based measures towards a prevention strategies, primary health care, early intervention and health promotion
6. Community Indicators Victoria identifies social, environmental and economic determinants of a community's wellbeing. There should be investigation of the useability of other Geographic Information Systems for potential implementation as a user-friendly mapping tool
7. Connections between Municipal Public Health Plans (MPHPs) and Community Health Plans (CHPs) be strengthened through the Public Health and Wellbeing Bill to reduce duplication, increase collaboration and improve community service planning
8. The development of better system linkage to manage health records. This will allow an individual patient's journey to be coordinated and seamless, facilitating better patient outcomes
9. Data collection procedures must be free of discriminatory language, be culturally appropriate and participatory

The full position statement and references are available on the VHA website: <http://www.vha.org.au>

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