



To,

The Secretary

Standing Committee on Economy and Infrastructure

Parliament House

EAST MELBOURNE VIC 3002

Re: An inquiry into whether data relating to primary care treatments can and should be collected, as well as the reporting of quality of care measures for residential aged care facilities.

This document addresses East Gippsland Primary Health Alliance views in consultation with East Gippsland Shire Council on whether:

- it should be compulsory to collect information on the reasons people attend a health practitioner, to allow for better planning of resources

East Gippsland Primary Health Alliance has been involved in public health planning process for East Gippsland Regions of Victoria and actively engaged in many primary health care programs to improve health outcomes for the community for last 15 years.

Gippsland Region forms the south eastern portion of Victoria, and is one of eight planning regions recognised by the Victorian and Australian Governments. It includes the six local government areas of Baw Baw, Wellington, Bass Coast, East Gippsland, Latrobe and South Gippsland. It is geographically and economically diverse, with significant alpine areas, Victoria's main power generation infrastructure, some relatively remote farming communities and thriving coastal communities. The regional centres are Moe, Morwell, Traralgon, Sale, Warragul, Wonthaggi, Leongatha and Bairnsdale.

Data collection has been very important for this region in

- Identifying the health needs of local areas and development of locally-focussed and responsive services.
- Improve service delivery, clinical efficiency and efficacy, and drive appropriate service utilisation
- Demonstrated knowledge of the population base, health service architecture and infrastructure, utilisation and other demographic character of the catchment area
- Developing a greater understanding of population health need.
- Developing strategy for development of a population and health service plan to address need
- To improve access for high risk disadvantaged and special needs population groups.
- To promote detection and prevention of chronic disease and enable early intervention to be put in place where appropriate.
- To share expertise and resources with other primary health care providers.
- Data utilization to inform the planning and evaluation of health services, and measuring the effectiveness of health program delivery.

In the past there have been population-based needs analyses done that have helped identify local health needs as part of community health strategic planning process.

The Victorian Department of Health's information portals Gippsland Health Online and Health Status of Victorians are currently used to support the process. Gippsland Health Online is a comprehensive data store unique to Gippsland, bringing together data from a variety of sources about health status, Medicare usage, population and demographics.

Currently the following existing data sources are available to primary health care for planning and management purposes:

- Census and other data held by the Australian Bureau of Statistics
- Burden of disease data provided by the Victorian Department of Health, as part of the "Health Status of Victorians" web resource
- Cancer statistics provided by the Victorian Cancer Council
- Ambulatory Care Sensitive Conditions analyses, which identify opportunities for improvement of ambulatory and primary health care
- Local demographic and economic data published by municipal governments
- Pen Clinical Audit Tool

- National Key Performance Indicators which are set by the Department of Health and

Ageing

- Workforce data from practice-level surveys published by Rural Workforce Association of Victoria

Data collected from these sources have played an active role in resource planning, identifying population health need, implementing and improving the outcomes of a number of key primary health care initiatives. It has also been useful in development of evidence based planning, using a number of information sources.

One example of effective use of these data includes planning work to respond to mental health needs in the Gippsland communities. Data collected from Victorian burden of disease suggests that

- Mental disorder is the number 1 cause of disability in both the Latrobe City and Baw Baw Shire
- Depression is the number one condition for Years Lived with a Disability (YLD)

ABS: Mortality data 2001-2005 shows 77 deaths from suicide were recorded in Central West Gippsland; this represents 49% of suicide deaths in Gippsland.

This data has shown the need to address mental health problems of people in this area which has led to a number of health initiatives focused to improve mental health status for this community. It has helped in reviewing the health needs of the Gippsland community; map needs to the services provided and develop a Gippsland-wide plan to address gaps.

In addition there are administrative databases for hospitals which contain coded information and demographic indicators concerning each episodes of inpatient hospital care using international classification of disease (ICD) diagnosis and procedure codes. They also provide access to large population based samples.

The data collection and analysis has been useful but there is a need to look into ways in which more data can be collected for quality monitoring and resource planning and is more accurate.

Some examples of the following datasets that will be developed and established within Gippsland are:

- Referral activities between organisations including, for example, types of referrals made to and by the central referrals agency, source and destination of referrals, service users' residence and service locations, unsuccessful referrals
- Referrals made to external organisations such as public and private tertiary health services
- Clinical activities including, for example, service types and volumes,
- Multidisciplinary activity including, for example, clinicians' engagement in multidisciplinary

Care planning meetings, cases presented to multidisciplinary meetings

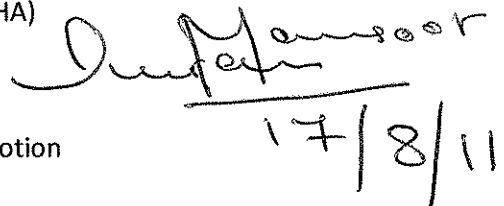
- Training activities including, for example, training provided and numbers of attendees
- Research activities including organizations' participation in formal research programs and publications.

Data collection has been in the past a useful tool for planning of resources for population health outcomes and should continue to be used in more innovative ways for the reporting of quality of care measures and public health planning processes.

Submission by: East Gippsland Primary Health Alliance (EGPHA)

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Handwritten signature of Imran Mansoor and date 17/8/11

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CEO (EGPHA)