



# **Strategic Business Plan**

**2007-2009**



Strategic Directions and Work  
Program  
for the  
Australian Institute of Health  
Policy Studies

2007–2009



**AIHPS Directorate Office**

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# 1. Vision

The Australian Institute for Health Policy Studies (AIHPS) is guided by a vision for research-driven health policy reform.

AIHPS is a national research institute devoted to studying the ways that health policy can improve the health of all Australians. AIHPS seeks to influence the agenda for health policy research and discussion in Australia, promoting a research-driven approach to health policy reform.

## 2. Core objectives

AIHPS's work is guided by four core objectives:

1. Stimulate, commission, and conduct policy-relevant health research in Australia
2. Encourage debate about current and future health policy
3. Identify opportunities for policy improvement
4. Increase the scope of AIHPS's work by securing additional funding and growing the organisation.

## 3. Context

AIHPS was formed in 2004 as a collaboration between four partner universities and one state health jurisdiction.<sup>1</sup> Between 2004 and 2006, AIHPS worked to build strong academic linkages and partnerships, secure core funding, develop its management structure, and commence its work program.

By early 2007, AIHPS has achieved the following:

- ◆ A structure for its research and work program based around five research streams (see Appendix 1)
- ◆ A Directorate Office based at Monash University
- ◆ A 10-member Board of Management (see Appendix 2)
- ◆ Seven partner universities (see Appendix 2)
- ◆ Five “core” funding partners (see Appendix 2)
- ◆ A well-recognised, emerging program of events, research activities, and information provision
- ◆ Two large collaborative research projects underway.

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<sup>1</sup> The original partner universities were LaTrobe University, The University of Queensland, Queensland University of Technology, and Bond University, with core funding from Queensland Health.

### **3.1 Formed to fill a gap in the health policy environment**

AIHPS operates at the interface between policy, research, and advocacy groups. Although Australia has a number of key research and other groups with an important policy focus, and many advocacy groups with a research interest, there is often a wide gap between the two. This means that the research groups that influence policy often lack input from the wider community, while consumers represented through advocacy groups often find it difficult to feed their issues and research findings into the policy environment.

AIHPS aims to fill the gap between research and advocacy groups by synthesising, commissioning, and conducting research that will assist in encouraging broad discussion and debate about health policy reform. AIHPS seeks to provide research evidence that will be of value to a wide variety of groups working in the area of health policy.

### **3.2 Providing the research and evidence vital for policy-making in health**

AIHPS seeks to support the research and development capacity required for Australian health policy development and implementation. Like most other developed countries, Australia is finding it difficult to develop effective solutions to the increasing challenges confronting the national health care systems caused by the demographics of ageing, increasing consumer expectations, and the rapidly accelerating costs of new medical and health technologies.

In December 2002, Dr Martin Van Der Weyden, editor of the Australian Medical Journal, identified the need for an independent, national institute devoted to health policy research and development.<sup>2</sup> He noted that, in 2003, less than three cents of every dollar that the NHMRC invested in new research was directed toward policy-relevant research. Australia remained an importer of policy ideas – relying on experiences in Canada, the USA, and the UK to develop policy solutions for Australian issues.

AIHPS provides a focal point for developing and disseminating research to encourage debate and inform policy-making. As a broad national institute with multiple partners, AIHPS can cross disciplinary and institutional boundaries to facilitate wide-ranging discussion about the issues facing our health system. Through its research and work program, AIHPS aims to stimulate further research, encourage debate, and explore solutions to Australia's health policy issues.

### **3.3 Health policy demands facing Australia in 2007**

Australia currently has:

- ◆ No agreed upon long-term vision for its health system, with many very difficult issues remaining in the 'too hard basket'

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<sup>2</sup> Van Der Weyden, M. (2002). Australian health policy research and development: Where is it? (Editorial). *Medical Journal of Australia*.

- ◆ A complex decision making process for instituting improvements to the health system
- ◆ A very reactive and short-term approach to health needs
- ◆ Powerful vested interests that can prevent logical improvements being implemented
- ◆ Many good research institutions largely focused within disciplines, but a slow pace of translation of new knowledge into practice.

The future policy demands for Australia's health system include:

- ◆ Increased alignment of policy at a variety of levels, service development, funding and the delivery of services between the Australian Government, State and territory Governments and private and NGO service providers
- ◆ Addressing the increasing complexity of setting and implementing national priorities in a climate of an ageing population, increased community expectations, and competition for resources from other sectors
- ◆ The economics of health increasingly driving the national budget-setting agenda (with increasing numbers of retirees placing new demands on the system)
- ◆ Defining the future role of prevention programs to keep people out of the healthcare system
- ◆ Understanding how best to adapt new scientific discoveries into pragmatic healthcare settings
- ◆ The impact of increased global decision-making in relation to new technologies, their availability, and cost.

## ***4. Objectives and strategies 2007-2009***

### **4.1 Core objective 1 – Stimulate, commission, and conduct policy-relevant health research in Australia**

Through its research program, AIHPS will contribute to the evidence base needed for solid health policy reform and stimulate debate about the direction of Australia's health system. The research projects will also build important partnerships for AIHPS within the academic and business communities, with government, and with industry.

Strategy	Description
<b>4.1.1 Have a research program operating with each Academic Partner linked with AIHPS by 2008</b>	AIHPS's Academic Partners have been asked to link their relevant research work to AIHPS. This will mean that most policy-relevant research conducted by AIHPS's Academic Partners will fall under the AIHPS banner and will include publication links to AIHPS.
<b>4.1.2 Have at least one major project underway in each research stream by the end of 2009</b>	AIHPS is currently managing one large externally funded research project about consumer engagement. AIHPS will build on this work and, in 2007, the Academic Partners and Jurisdictional Partners will seek funding for three specific projects, described in detail at the end of this subsection.
<b>4.1.3 Finalise the current consumer engagement research project by early 2008</b> ( <i>Consumer Engagement in Australian Health Policy: Investigating Current Approaches and Developing New Models for More Effective Participation</i> )	The consumer engagement project is expected to conclude with a workshop in early 2008. The Working Papers and Final Report from this project will be widely disseminated and promoted, opportunities for peer-reviewed publication will be explored, and opportunities for extending this research will be explored.

For strategy 4.1.2, in 2007, the Academic Partners and Jurisdictional Partners will seek funding for:

- ◆ A project on community understanding and education in health (with the Australian Centre for Health Research). This project will extend AIHPS's current work in consumer engagement (Research Stream 1).
- ◆ A project about health policy capacity. AIHPS was awarded an ARC Linkage Grant in 2007. The project, *Developing New Methods for Building Health Policy Capacity in Australia*, will involve 11 of AIHPS's funders and partners in a three year project to strengthen Australia's ability to effectively address a range of health policy challenges by developing new methods for building health policy capacity. The project will identify and compare current approaches to the development and evaluation of health policy in a number of Australian state health jurisdictions (ACT, Queensland, and South Australia) as a basis for developing, implementing, and evaluating a suite of new capacity-building strategies in different jurisdictions. This project links to all five AIHPS Research Streams, with a particular focus on Streams 4 and 5.
- ◆ A project about workforce planning. AIHPS has had initial discussions with industry groups about funding research into workforce planning. A research proposal will be developed during 2007-2008 with the assistance of the state health jurisdictions. This project will fit under Research Stream 5.

## 4.2 Core objective 2: Encourage informed debate about current and future health policy

AIHPS seeks to stimulate debate about current and future health policy, including the pressing need for health system reform. AIHPS will work to encourage debate at multiple levels and across disciplines – including debate within and between the business, academic, government, industry, and community sectors.

Strategy	Description
<p><b>4.2.1 Conduct at least three National Roundtables each year</b></p>	<p>AIHPS organises National Roundtables and Seminars to facilitate debate on policy-relevant issues and identify the evidence based required for major health reform. These events provide an opportunity for cross-disciplinary and cross-sector discussion. AIHPS will continue its successful program of Roundtables and Seminars, scheduling three events each year. Roundtable topics will be chosen in close consultation with funding partners, Academic Partners, and the AIHPS Board. Topics of relevance to Jurisdictional Partners will be given priority and, where possible, will be hosted in partnership with the relevant jurisdiction.</p>
<p><b>4.2.2 Work with other health policy organisations to host events</b></p>	<p>AIHPS will work with a range of health policy organisations to organise and host events about health policy reform. This may include National Health Policy Forums and state health focused events. In 2007, AIHPS will organise at least one event to stimulate discussion within the business community about the need for health policy reform.</p>
<p><b>4.2.3 Publish a Monograph following each event</b></p>	<p>AIHPS will publish a Monograph after each event to discuss the key themes, research questions, and outcomes that emerged. The Monograph will be distributed widely through the Institute's networks to extend research collaborations. Where possible, the paper will be written by the speakers and will be professionally edited. If necessary, an organisational writer will be employed to attend the event and write the paper.</p>

Strategy	Description
<p><b>4.2.4 Develop the Health Policy Clearinghouse as the largest holding of Australian health policy documents and related research by 2009</b></p>	<p>AIHPS is developing a clearinghouse of information about health policy research, news, and events from Australia and around the world. The clearinghouse is still in its infancy, and its form is evolving. AIHPS members can contribute items and links for the clearinghouse. As its role develops, it may be relevant to employ a clearinghouse manager, and to seek specific funding for this aspect of AIHPS's work.</p>
<p><b>4.2.5 Revise and develop the AIHPS website</b></p>	<p>AIHPS's communication with partners, funders, and individuals is centred around its website. While most of the site is publicly available, it also includes a members' only section for discussion of the Institute's business. During 2007, the website will be reviewed, tested, and streamlined. The website will continue to grow and will remain AIHPS's primary form of communication with its audiences.</p>
<p><b>4.2.6 Publish 10 E-Updates each year</b></p>	<p>AIHPS publishes regular E-Updates (electronic newsletters) providing news, comment, and information about relevant health policy issues.</p>
<p><b>4.2.7 Develop and implement a marketing and communication strategy during 2007</b></p>	<p>To help stimulate debate about health policy and cement AIHPS's position as a key commentator on health policy issues, AIHPS will develop a marketing and communication strategy for approval by the Board during 2007. The strategy will aim to increase awareness of AIHPS, build recognition of AIHPS as an authoritative national commentator on health policy, promote AIHPS's work program and events, and increase active participation in AIHPS.</p>
<p><b>4.2.8 Active use of Australia and New Zealand Health Policy Journal (ANZHPJ) as dissemination and debate vehicle</b></p>	<p>ANZHPJ is an open-access, peer-reviewed journal focusing on health policy-relevant research and debate. AIHPS is linked with the Journal in a way that ensures both the Journal's and the Institute's independence and the Journal's editorial freedom. AIHPS will provide financial support for the Journal's managing editor, and nominate 10 members to the editorial board. AIHPS will also assist with the Journal's dissemination through its website and other materials, to enhance policy debates.</p>

Strategy	Description
<p><b>4.2.9 Produce regular publications</b></p>	<p>AIHPS will continue to seek funding to support the following regular publications:</p> <ul style="list-style-type: none"> <li>• Bi-annual reports synthesising the evidence of 'best practice' in relation to the AIHPS five research streams including; prevention and disease management for target conditions, with critical analysis of the current situation in Australia and opportunities for improvement</li> <li>• A series of commentaries on health system costs of preventable disease burden and investment in prevention and disease management.</li> <li>• Industry-specific analyses of health-related issues, for example, in relation to the food industry</li> <li>• Collaborative development and evaluation of policy templates relevant to each of the five AIHPS research streams.</li> </ul>

### 4.3 Core objective 3 – Identify opportunities for policy improvement

In addition to stimulating debate about health policy, AIHPS will seek to identify opportunities for health policy improvement in Australia. This will include reviewing and critiquing current practice, conducting research to highlight current practice and raise questions about opportunities for change, and providing an environment where new and emerging health policy proposals can be debated and trialled. The strategies described for Core Objective 2 will combine with the strategies described below to achieve this objective.

Strategy	Description
<p><b>4.3.1 Achieve a concrete outcome from each Roundtable</b></p>	<p>Each Roundtable will focus on achieving a concrete outcome – such as a monograph of the Roundtable outcomes, a proposal for research, a series of workshops, or a working group – that will continue beyond the event itself. AIHPS will seek funding to support this ongoing work.</p>
<p><b>4.3.2 Organise events tailored to the particular needs of jurisdictions</b></p>	<p>AIHPS will offer events tailored to the particular needs of the funding jurisdictions. These events will focus on carrying the discussion from AIHPS's Roundtables into smaller forums, identifying opportunities for policy debate at the jurisdictional level.</p>

Strategy	Description
<p><b>4.3.3 Pilot a “Leadership in Health” Program in 2007-2008</b></p>	<p>AIHPS will pilot a Leadership in Health Program, incorporating the work undertaken in the USA by Professor Richard Southby. The program will build on the discussion generated through the April 2007 AIHPS Roundtable entitled <i>Leadership for Health: Lessons and Challenges</i>. The program is likely to be piloted in one or two jurisdictions in 2007-2008; depending on the pilot, plans for a full program will be developed for 2008-2009.</p>

#### **4.4 Core objective 4 – Increase the scope of AIHPS’s work by securing additional funding and growing the organisation**

AIHPS will seek to cement its role in the Australian health policy environment and ensure the ongoing viability of the Institute by seeking additional funding and expanding the work program. AIHPS’s Board and Academic Partners will actively seek opportunities to increase the funding for AIHPS’s research and to increase academic partnerships. Individual Board Members and Academic Partners will use their existing networks to seek funding for AIHPS work.

Strategy	Description
<p><b>4.4.1 Increase AIHPS’s core revenue base by 2009</b></p>	<p>AIHPS will increase its core revenue base to \$500,000 per annum in order to secure its viability and achieve its research and work objectives. The AIHPS Board and Academic Partners will actively seek opportunities to increase the Institute’s core funding through a jurisdictionally-based, networking approach (see strategy 4.4.4, below).</p>
<p><b>4.4.2 Maintain current jurisdictional funding</b></p>	<p>AIHPS will work with current jurisdictional funding partners to ensure that the Institute is providing them with value for their investment and to ensure that an ongoing relationship is maintained (see also 4.3.2).</p>
<p><b>4.4.3 Secure funding from at least two additional health jurisdictions by 2009</b></p>	<p>Health jurisdictions present the most realistic opportunity for core funding for AIHPS. The three current Jurisdictional Partners (Queensland, South Australia, and the ACT) will work with the AIHPS Directorate and Academic Partners to seek funding from additional health jurisdictions.</p>

Strategy	Description
<p><b>4.4.4 Trial a jurisdictionally-based model for seeking both core and project funding</b></p>	<p>A jurisdictionally-based model will maximise the opportunities for AIHPS to work with the jurisdictions to develop specific research programs and will encourage the development of independent research cells combined under the AIHPS umbrella.</p> <ul style="list-style-type: none"> <li>• In Queensland, South Australia, and the ACT, AIHPS Board members will work closely with a Jurisdictional Partner and an Academic Partner to influence key stakeholders in the health and business sectors and to identify funding opportunities and support for AIHPS's work.</li> <li>• In NSW, Victoria, Western Australia, Tasmania, and the Northern Territory, AIHPS Board members will work with an Academic Partner and/or 'friends of AIHPS' to identify funding and research opportunities and to build jurisdictional support.</li> </ul>
<p><b>4.4.5 Secure funding for at least one jurisdictionally-relevant research project by 2008</b></p>	<p>AIHPS will identify opportunities for jurisdictionally-relevant research in consultation with current funding partners. Academic Partners will work to secure funding with their state health jurisdiction to design work and research programs to meet the specific needs of the funding jurisdiction, with jurisdictionally-focused (instead of nationally focused) outcomes.</p>
<p><b>4.4.6 Develop AIHPS's governance and management</b></p>	<p>AIHPS's governance and management structure is discussed in Appendix 2. In 2007-2009, the AIHPS Board will:</p> <ul style="list-style-type: none"> <li>• Meet regularly to manage the Institute and develop its work program</li> <li>• Finalise the Institute's governance structure and develop its constitution (2007-2008)</li> <li>• Finalise the Institute's membership structure (2007-2008)</li> <li>• Secure funding for the Institute</li> <li>• Recruit additional Partners for the Institute</li> <li>• Identify research opportunities for the Institute</li> <li>• Plan and implement the Institute's work program.</li> </ul>

Strategy	Description
<p><b>4.4.7 Implement a subscription-based model for membership and fees by 2008, and develop a plan for increasing membership</b></p>	<p>AIHPS will consider a move towards a subscription – based model, with organisational and individual members paying annual subscriptions for access to AIHPS's work.</p>
<p><b>4.4.8 Recruit additional Research Partners</b></p>	<p>AIHPS will seek to expand its work by increasing the engagement with other research partners. Current Academic Partners will work with the AIHPS Directorate and the Board to seek opportunities for new academic alliances to deliver on core research and work outcomes.</p>
<p><b>4.4.9 Secure sponsorship for each Roundtable, Seminar, and Forum</b></p>	<p>AIHPS will ensure the ongoing viability of its events program by seeking sponsorship for each event. Current funding and Academic Partners will be given priority for opportunities to fund these events. A schedule of fees for these events may be developed by the AIHPS Board in 2008.</p>

## **Appendix 1: Research streams**

AIHPS's research program is clustered into five streams, all falling under AIHPS's overall research vision: To develop, synthesise and critically review research about health policy to improve the health of all Australians.

AIHPS's five research streams align closely with Australia's designated National Research Priorities (NRP2).

### ***Stream 1. Engaging consumers in health policy***

Decisions about health and health policy – at both the individual level and the societal level – should be made in an informed way with input from all relevant stakeholders. This process needs to involve consumers. Consumers have a right to be involved in decisions about their own health and in decisions about how health funding will be allocated. Consumers should be involved in shared decision-making and consulted during information-gathering. Important questions for this research stream include:

- ◆ What are current models and approaches for engaging consumers in health policy and do they work?
- ◆ Can current models truly act as an impetus for patient-centred care?
- ◆ What would a consumer-centred health system look like?
- ◆ In a system that is largely government funded, what does 'consumer-driven' mean?

### ***Stream 2. Financing for prevention***

The increasing focus on the prevention of disease reflects the epidemiological shift from infectious disease to chronic disease. With chronic disease increasing at an alarming rate, research on effective prevention strategies needs to be complemented by research on a prevention policy that will have implications beyond the health sector. Important research questions include:

- ◆ How can population health programs work in concert with secondary and tertiary prevention?
- ◆ How does an organisation deal with the continuum of care? Is it about effective planning and governance or a practical framework with emergent priorities?
- ◆ At what scale do these programs need to operate to achieve population-level impact?
- ◆ What is the infrastructure and capacity needed at the local level to tackle health inequalities in a realistic and serious manner?

### ***Stream 3. Improving chronic disease outcomes through better prevention***

Better management of chronic disease is one of the greatest challenges to healthcare in Australia and other similarly developed countries. Research on barriers to better integrated care for people with chronic disease has been limited, and many of Australia's attempts to date have not taken sufficient account of relevant health policy parameters. Important research questions include:

- ◆ What are the issues that are preventing the integration of finance and services across Commonwealth/state and public/private systems?
- ◆ What system-level efforts are being made relating to prevention across the health system (including intersectoral partnerships)?
- ◆ How can the escalating costs of chronic disease be managed through policy decisions?
- ◆ How are national policies implemented at the local and individual level?

### ***Stream 4. Improving bases and processes for health priority setting***

Regardless of funding mechanisms, the healthcare system is faced with demand for health and preventive care that will exceed the available funding at any point in time. Policy-makers, healthcare managers, and clinicians all face tough decisions about what needs should be addressed first with the available resources. Recent reports, such as the Australian Government's *Inter-Generational Report* and the UK's *Wanless Report*, indicate that these demands and conflicts will continue to increase. This research stream looks at methods for priority setting and considers how these can be incorporated into health policy setting. Important research questions include:

- ◆ How can consumers contribute to health priority setting?
- ◆ What constitutes 'best practice' in health priority setting?
- ◆ How can experiences from overseas be translated into the Australian environment?
- ◆ How can policy-makers move beyond the government's election cycle in developing health policy solutions?

## ***Stream 5. Responsive and adaptable health workforce***

Multiple reports have identified problems with the mix and skills of the Australian health workforce and its capacity to respond to the needs of the healthcare environment, both now and in the future. In the UK, a major program of policy and practice research in relation to health workforce has been initiated. But in Australia, the fixation continues to be on the number of available doctors and nurses, not the skills and capacities required for the entire health system. The training and education of health professionals remains constrained by the rigidity of current training structures, the continuation of single-discipline training models, the expectations of entrants, and industrial requirements. Important questions for this research stream include:

- ◆ Have professional boundaries led to structural inefficiencies in the system?
- ◆ Do training and education programs need a major shake-up and a move away from control by professional bodies?
- ◆ How do we retain the strengths of the existing workforce training structures while developing new approaches?

## **Appendix 2: Governance and management**

AIHPS's independence is reflected in its management and administrative structure. It is managed by a National Board, with day-to-day activities coordinated through a Directorate based at Monash University. Given the virtual nature of AIHPS, the Directorate works closely with the Academic Partners and other key organisations in each of the jurisdictions.

AIHPS is managed by a 10-member board which meets regularly to review and develop AIHPS's work program and develop its institutional structure.

### ***Board members***

- ◆ Mr Mitch Messer, Chairperson, Consumers Health Forum of Australia – Board Chair
- ◆ Dr David Filby, Executive Director, Policy and Intergovernment Relations, SA Health – Immediate Past Chair
- ◆ Mr Robert Griew, Director, Robert Griew Pty Ltd
- ◆ Dr David Hill, Director, The Cancer Council (Victoria)
- ◆ Mr Robert Knowles, Chairman, Food Standards of Australia New Zealand
- ◆ Ms Philippa Smith, CEO, Association of Superannuation Funds of Australia
- ◆ Mr John Walsh, Senior Partner, Pricewaterhouse Coopers (Australia)
- ◆ Mr Michael Tennant, Senior Director, Health Policy and Planning Division, Queensland Health
- ◆ Professor Vivian Lin, Chair in Public Health, La Trobe University – Academic Partner Representative
- ◆ Professor Brian Oldenburg, Chair in International Public Health, Monash University – AIHPS Director

### ***Directors***

The Research Director for AIHPS is Professor Brian Oldenburg, Chair of International Public Health, Department of Epidemiology and Preventive Medicine, Monash University.

There are currently eight Academic Partner Institutions. Individual representatives from these Institutions are co-directors of AIHPS, and facilitate the Institute's research program:

- ◆ Associate Professor Marylou Fleming, Head of School, School of Public Health, Queensland University of Technology
- ◆ Professor Kathy Eagar, Director, Centre for Health Service Development, University of Wollongong
- ◆ Professor Christian Gericke, Chair in Public Health Policy, University of Adelaide

- ◆ Professor Vivian Lin, Chair of Public Health, La Trobe University
- ◆ Professor Wayne Hall, School of Population Health, The University of Queensland
- ◆ Professor Robyn McDermott, Pro Vice-Chancellor and President, Division of Health Sciences, University of South Australia
- ◆ Professor Rob Stable, Vice-Chancellor and President, Bond University
- ◆ Professor Brian Oldenburg, Chair of International Public Health, Department of Epidemiology and Preventive Medicine, Monash University

These Academic Partners are represented on AIHPS's board by one nominated individual (currently Professor Vivian Lin). The Academic Partners are signatories to a Memorandum of Understanding between their institutions, including formalising a legal understanding about intellectual property.

### ***AIHPS Directorate office***

The AIHPS Directorate office is based at Monash University in Melbourne. With the formalising of the AIHPS Board in April 2007, the Directorate office is staffed with a full-time Executive Officer and a part-time Administrative Assistant.

### ***Funding***

AIHPS receives core funding from health jurisdictions and health research organisations, and in-kind support from Academic Partners and industry organisations. AIHPS also receives external funding for specific research projects.

Current core funding partners include:

- ◆ ACT Health
- ◆ SA Health
- ◆ Pricewaterhouse Coopers
- ◆ Queensland Health
- ◆ VicHealth (Victorian Health Promotion Foundation)

Academic Partners include:

- ◆ Bond University
- ◆ La Trobe University
- ◆ Monash University
- ◆ Queensland University of Technology
- ◆ University of Adelaide
- ◆ The University of Queensland
- ◆ The University of South Australia
- ◆ The University of Wollongong