
Summary of Outcomes paper

The purpose of the AIHPS Roundtable was to invite those involved in health policy, from government and non-government groups throughout Australia to debate, discuss and to provide a commitment for the AIHPS to move forward as an independent research institute.

A series of presentations by leaders from government, non-government and academic organisations gave those that attended the Roundtable an overview of an insight into the issues currently faced by providing the best quality health outcomes and education to the community, but to also recognise the need for independent health policy advice.

The Roundtable heard from five presenters representing the different interests, key government, non-government and academic bodies.

A number of key elements were highlighted in each of the presentations:

- That evidence alone is an inadequate basis for formation of health policy and is frequently incomplete in terms of what it is informing;
- Across the health system there needs to be a better use and integration of human resource allocation as this will be a growing issue given Australia's future demographics;
- There needs to be a balanced investment between prevention and health services and between each part of the health sector i.e. acute care, primary, secondary and higher level health care;
- Health policy impacts not just on the health sector, and consideration needs to be given in policy analysis to these broader impacts, for example on industry development;
- There needs to be a process leading to a shared goal or vision for the health system that transcends politics and current crises if we are to achieve a higher quality health system in the face of resource challenges.

The proposed priority areas for the AIHPS presented to the meeting were:

- *Engaging consumers in health*
- *Getting the most from prevention*
- *Improving chronic disease outcomes*
- *Priority setting in healthcare policy and planning*
- *Workforce for the Australian healthcare system in the 21st Century*

A frank and open discussion on the practical reality of engaging in the debate on the priorities in health policy in Australia followed. Discussion indicated that, as a current issue for the health system, integration in and across the health care sector should be more clearly a focus of the AIHPS priorities. There was otherwise support for the priority areas but with a request for a clear plan of action for each area. It was stressed that it was likely to be easier to get commitment from some potential stakeholders on an issue by issue basis at least initially then it was for them to commit to core funding.

This led into a discussion of the benefits and challenges that organising and operating a multimodal collaborative institute will face. The importance of leadership both in terms of managing a collaborative structure and delivering timely products and in terms of public profile was stressed. Governance models for the Institute were discussed with general agreement that there were models operating that could be applied to the Institute. The challenge for the Institute was to demonstrate to stakeholders that a collaborative multi-nodal model could work and produce benefits greater than single centre approaches.

Subsequent consideration of the discussions indicates that the Institute should consider the following in marketing itself.

Evidence

Although it was recognised that there was evidence clearly used in the formation of health policy, this evidence was not always well formed and was sometimes seen to be stifling innovation. It was also stated that there are difficulties in the use of evidence in health policy as health is a “human system” and is rapidly changing whereas “evidence” is usually derived from observation and analysis of what has happened. There needs to be a change of thinking in the research sector so that it is constantly monitoring and evaluating changes in the health system and presenting up-to-date just-in-time evidence that reflects these changes. The AIHPS should be structured to respond to this agenda and be engaged in how evidence can be better translated and implemented into practice across the range of health policies including outside the health sector.

Human Resource Allocation & Integration

An issue in common to most of the groups represented at the Roundtable was the human resource challenge; of having adequate numbers with the right skills for the current needs but with flexibility to meet emerging or unforeseen needs. The composition of the health workforce is still strongly determined by what has been rather than where future needs are likely to lie. Universities and professional colleges contribute to the inertia to change as much as the employers. There has been little leadership in Australia in thinking about the structure and scope of future health workforce.

Internally the AIHPS should aim to be seen as a model for using human resource allocation effectively including intellectual capacity. The AIHPS would have to also carefully consider where and how to invest its money as collaborative efforts may not always be the most efficient way to achieve the same outcome.

A balanced investment

The different tiers of the health care system reflect the needs of the community. There needs to be a balanced investment between prevention and curative measures as good health promotion equals good health prevention. The leadership needed in the policy area relating to prevention is as much about what happens outside of the health sector as within it. To be a leader the AIHPS will need to clearly articulate how it will engage outside of the health sector and ensure that it has relevant partners. Moreover, to be engaged in that debate the Institute will be placed in a position of having different interests among its potential supporters. For example, pharmaceutical groups and public health groups may have different perspectives on the best preventive buys. The Institute will need to clearly demonstrate how it balances views and maintains independence in this context.

Industry involvement

It has been long recognised that there is a distinct lack of the different sectors in health, public, private, non-government and academic, working together. Much is talked about partnerships particularly in the prevention agenda but limited evidence of what this achieves. The involvement of industry in key decision making was presented as being about fluidity and working across the health sector.

Although there will be many groups involved with the AIHPS, the institute will also need to recognise the size of the “health system” and work within its boundaries, which are changing every day.

Politics

The aim of the AIHPS should be that its public views and reports should be seen as free of ideology and political positioning and present information and options that are clear about what is known and what is not. There needs to be a transparency in its internal decision making. At the same time, the Institute needs to be seen to have interaction with decision makers including political and community leaders. The Institute work will need to be seen as relevant to but not governed by or within any one government’s agenda.

Independence

For engagement with AIHPS to be seen as worthwhile, individual jurisdictions and other stakeholders will need to see that the work of the Institute is within the scale of change in the systems that is practical and can be implemented. While blue-skying is helpful in ensuring that all options are considered, it must be tempered with the need to be seen to be realistic. AIHPS should be an advocate for informed policy making but not an advocate for any particular position.

Where to from here?

The meeting concluded that the overall aim of the collaboration should not be to make new policies, but to critically assess existing policy against the existing knowledge base and identify knowledge gaps, and to address implementation problems and develop new models or options.

Key actions required are:

- The Institute needs to develop visibility around the areas it has chosen as its priorities and rapidly put in place a governance model and work plan that potential stakeholders could buy-in too.
- Engaging consumers in the processes of the Institute was seen to be a high priority if a priority program was to be “Engaging consumers in Health”. From a credibility perspective, the Institute also needed to give further consideration to how clinicians would be represented in its processes.
- Given the current interest and focus on the issues of integration across the health system this should be an early major focus of the Institute.