



Faculty of Health

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES -
GREEN PAPER.

RESPONSE FROM:

UNIVERSITY OF TASMANIA, FACULTY OF HEALTH

KEY MESSAGES

Both the Faculty of Health (FoH) and the Tasmanian Health System (THS) currently face critical challenges. The mutual missions of the THS and FoH to improve the health of Tasmanians, provides an unprecedented opportunity to reset the relationship between our organisations to achieve mutual goals for Tasmania.

The FoH strongly recommends that the THS is established in alignment with the leading international Academic Health Science Centre models that exemplify the interrelated aims of excellence in clinical services, teaching and research, to deliver Tasmania a world-class health system. In addition to embedding these principles in the policy and strategy for the THS, we will also support bold new initiatives that will align our mutually shared principles and strategies.

We propose that the virtual Tasmanian Academic Health Science Precinct (vTAHSP) is formally established as the Tasmanian Academic Health Partnership (TAHP), maintaining its high value steering committee of senior health leaders and advisory committee of the key public and private organisations. The TAHP will be an ongoing advocacy for policy development and reform; acting as an important vehicle for developing a robust culture in the health system based on research and best evidence, workforce planning and development, recruitment of high performance staff and alignment of joint positions between organisations, and the evidence base to underpin highest quality services.

We propose that Health Services Innovation Tasmania (HSI Tas) continues beyond its Commonwealth funding to build and maintain clinical redesign capacity and drive cultural change across the THS.

Through broad direction from the TAHP, the FoH will support the development of excellence in the THS through innovation in service, research and health professional education and training through joint planning to:

- identify workforce education and training needs to facilitate a shared understanding of future requirements and challenges, and develop effective responses that meet the needs of both organisations;
- leverage FoH capability to provide leadership in the development of new workforce models and assist in expansion of scopes of practice;
- leverage FoH capability to adapt and extend its support of the University's teaching profile to include Diploma, Advanced Diploma and Associate degrees in areas of need;
- leverage FoH capability to develop continuing professional development programs to support workforce development and flexibility;
- unlock the potential of our combined simulation infrastructure and resources to support Quality & Safety through development of procedural competency and non-technical skills;
- leverage our expertise in workforce education and planning, research and analysis and policy development to commissioned activities; and
- redefine a set of standard models for joint appointments to the University and THS, including clinical academics.

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES - GREEN PAPER: UTAS FACULTY OF HEALTH RESPONSE

The Faculty of Health (FoH), University of Tasmania, welcomes the release of the *Delivering Safe and Sustainable Clinical Services – Green Paper* and the opportunity to respond to the paper.

The FoH commends the Tasmanian Government for its vision to have the healthiest population in Australia within a decade. This bold vision can only be achieved through the development and work of a world-class health system. Achieving better health outcomes requires synergistic partnerships between the institutions responsible for the health of the community being served. Internationally, the development of Academic Health Science Centres by leading hospitals and academic institutions has been an effective strategy to address this approach (Appendix 1). Academic Health Science Centres, based on the three inter-related pillars of excellence in clinical services, research and education, represent strategic partnerships between academic institutions and health services where integrated governance networks, provide effective stewardship of activities to support shared missions. This mutual reinforcement supports a shared goal of developing and delivering a sustainable, quality health system. While there have been many examples of the Faculty and health system working towards mutually beneficial goals, the current appetite for substantial reform and a mutual mission to improve the health of Tasmanians, provides a unique opportunity to reset this key relationship to develop and drive excellence and a high performance culture in both institutions with an enduring impact on health in Tasmania.

DISCUSSION OF THE GREEN PAPER

The issues of access, quality and cost continue to shape debate and define goals for world-class health systems. The Green Paper reshapes this debate with an emphasis on quality and access to better care.

The very best clinical service providers internationally are Academic Health Science Centres, which have developed substantial traditions and expectations of excellence and high performance¹. However, the Green Paper is primarily focused on clinical service planning and delivery and (as in the *Rebuilding Tasmania's Health System - Issues Paper*) omits significant reference to education (learning) and research which are also critical elements of a sustainable, world class health system. The current reform processes and future planning to set health priorities in Tasmania also need to address the three pillars of excellence that underpin world class health systems: education, research and service.

Role delineation offers the FoH the opportunity to align core business operations and resources around the state to complement health service delivery in Tasmania. It brings the opportunity to boost both educational provision and research and develop a critical mass of clinicians and services in areas vital to Tasmania's evolving demographic and health profile. As the FoH moves to accredit its Bachelor of Nursing and Bachelor of Medicine/Bachelor of Surgery programs, role delineation

¹ Refer to the Brooks Report (Appendix 1) and the Health Service Innovation Tasmania submission.

will enable re-visioning of curriculum and professional experience placements to reflect and capitalise on quality health service delivery in rural areas in acute and GP/primary care settings (e.g. Rural Clinical School).

SHARED VISIONS AND GOALS

The University of Tasmania and the Tasmanian Health System share visions of the future

The University of Tasmania is a state-wide research-intensive university with demonstrated capabilities to conduct world class health research and develop a qualified and skilled health workforce. The University of Tasmania is the third largest private employer in Tasmania, employing over 5000 staff across the state. More than 30,000 students are enrolled in over 100 courses. The organisation injects \$1.7billion into the local economy through research, infrastructure development, state-wide activities and the impact of our graduates.

The University of Tasmania envisions ranking among the top echelon of research led universities in Australia, with recognition of its contributions to the state. The THS envisions the healthiest population in Australia within a decade, supported by a world-class health system. The University and the Government have common goals and aspirations to enhance and transform the cultural, economic and social landscape of Tasmania. The THS aims to improve the health and well-being of all Tasmanians, whilst the University of Tasmania (through research, education and service), aims to increase the educational attainment and aspirations of all Tasmanians to impact positively on the state. Education is a key social determinant of population health, and the University is the major provider of health professional graduates, thus intrinsically linking our future and visions.

The Faculty of Health is a major contributor to the Tasmanian Health System

The FoH has a close relationship with the health sector in Tasmania. This relationship is deep and broad, ranging from workforce education and clinical training in metropolitan, regional and rural settings, and research collaborations with clinicians across the state, to reciprocal representation on governance committees. While there are many examples of successful partnerships based on key relationships, there have been multiple attempts to develop governance frameworks between the University and the health system at a variety of levels that have not resulted in an enduring positive impact on health in Tasmania.

An important recent development in this area has been demonstrated in FoH leadership in the formation of the vTAHSP and HSI Tas which have had early, significant impacts upon research coordination across the state and the redesign of clinical services.

The FoH employs nearly 500 staff (FTE), including 150 health professionals. In addition, the FoH has a small army of health professionals in public and private practice who support undergraduate clinical education through supervision and preceptorship and more than 400 Clinical title holders who work within the State's public and private health systems. Clinical title holders play important roles in clinical education and research. The FoH/Department of Health & Human Services (DHHS) have recently appointed Professors of Healthcare Improvement/Innovation in each of the major public hospital campuses to facilitate translation of research evidence into practice and actively support service improvement. There is reciprocal representation at high levels in our respective organisations, for example, the Dean, Faculty of Health is the Chair of the Tasmanian Health Council; Acting CEO THO South, Matthew Daly, is an Adjunct Associate Professor (FoH funded conjoint) in the School of Medicine; and Acting Secretary of the DHHS, Michael Pervan, an Adjunct

Associate Professor (FoH funded conjoint) with the University of Tasmania and has been a key leader in guiding the translational clinical and health services research agenda within the University.

Excellence in workforce development underpins a Quality Health System

The FoH is the largest Faculty in the University of Tasmania, enrolling nearly 6000 students in health professional courses. In 2014, the Faculty graduated over 1500 health professionals, of whom nearly 500 completed bachelor level qualifications in the health professions, nearly 100 completed internships (Professional Honours) and 800 completed postgraduate health qualifications. The majority of entry level health professional graduates were Tasmanians; nearly one third of Tasmanian doctors are graduates of the University of Tasmania. There is strong evidence that local recruitment and clinical training of health professionals increases the likelihood of return of service and reduced staff turnover.

The FoH offers a suite of health science and health professional courses. Courses range from the Understanding Dementia MOOC, to Associate degrees, Bachelor degrees, postgraduate coursework and research higher degrees. The FoH has been pro-active and entrepreneurial in developing courses, professional development and specialist clinical training programs that are responsive to the needs of industry and health partners and enhancing the capabilities of the health workforce. A key example is the transformation of paramedic training for Ambulance Tasmania through development of an Associate degree in Paramedic Studies, Bachelor of Paramedic Practice and Master of Advanced Paramedicine undertaken in partnership with Ambulance Tasmania. The FoH has developed the Master of Clinical Leadership, Master of Public Health and Master of Health & Human Services to support DHHS workforce development, whilst the introduction of the Professional Doctorate of Health supports healthcare/ health service improvement research. The FoH is clearly able to develop a contemporary workforce needed to meet the changing needs of the health sector in Tasmania.

The FoH delivers these courses from sites on all University of Tasmania regional campuses, utilising resources in clinical schools that are co-located with the four public hospitals and from 23 teaching sites co-located with rural inpatient facilities, residential aged care facilities and private hospitals. State of the art simulation facilities are also located in each region, with all sites connected by videoconference linkages. This extensive infrastructure is critical for supporting the breadth of the teaching, learning and clinical education enterprise of the Faculty.

Excellence in research underpins a Quality Health System

The FoH and Menzies Institute for Medical Research (MIMR) are primarily responsible for health research and research training at the University of Tasmania. Together these two institutions provide a comprehensive infrastructure and base of expertise to support biomedical, clinical and population health research. Nearly one third of Clinical title holders in the public health system supervise higher degree research students. University and health service researchers work collaboratively in co-located environments; the Southern Medical Science Precinct (FoH and MIMR) and Royal Hobart Hospital; Launceston Clinical School, Integrated Care Centre and Launceston General Hospital (LGH); and the Rural Clinical School, Mersey Community Hospital and North West Regional Hospital, Burnie. These facilities house comprehensive and specialised research infrastructure that provide the necessary tools and facilities enabling the conduct of world class disciplinary and thematic research.

The overarching research theme for the Faculty of Health is *Transforming Health and Ageing* which is supported by research programs under sub-themes of dementia and translational neuroscience, chronic disease prevention and management, and health service improvement. The challenges of

an ageing population with a high burden of chronic disease in a community with high socio-economic disadvantage have shaped the nature and direction of our research programs. The FoH supports a diverse range of research programs ranging from laboratory based experimental and clinical sciences, epidemiology and practice-based research in the delivery of health services.

FoH research programs include collaborations between research staff based in the university public and private hospitals and industry that impact upon the health of Tasmanians. The following research programs are noteworthy for their current impact on health in the state.

- The vTAHSP, based upon the Academic Health Science Centre model, aims to facilitate the provision of a strategic, scientific and coordinated approach to improving the health of Tasmanians. The vTAHSP is driving improvement in clinical services and clinical practice through research, evaluation and clinical redesign; developing academic, research and clinical leadership and implementing education programs to meet the dynamic workforce needs of the health system.
- HSI Tas was established through the Tasmanian Health Assistance Package. It provides a focus for evidence-based clinical redesign, a necessary foundation for the implementation of sustainable changes in the efficiency and quality of clinical services within Tasmania's public hospitals. It will also support health system improvement by increasing workforce capacity to apply clinical redesign principles to their own care settings. Early work has exposed myths about bed-block in public hospitals and revealed areas for improvement to resolve the issue. HSI Tas has demonstrated the importance of harnessing available system data for research. The ongoing maintenance of clinical redesign capacity through HSI Tas will be critical for the THS.
- The Unit for Medication Outcomes Research and Education (UMORE) is an internationally recognised unit working in collaboration with doctors, patients, health care organisations and academic institutions, to investigate mechanisms to assess, monitor and enhance the quality use of medicines and patient health outcomes. Recent work has focused on evidence-based management for use of sedatives in management of behavioural and psychological symptoms of dementia in aged care facilities.
- The Wicking Dementia Research and Education Centre is at the forefront of translational research and support for issues confronting people with dementia and their carers. Wicking has successfully developed an internationally recognised community based online education program, Understanding Dementia, which articulates with a Bachelor of Dementia Care. Their Teaching Aged Care Facility program, involving industry, health services and higher education has facilitated the transformation of aged care facilities into rich clinical learning environments for health professional students. They have also been instrumental in developing a new palliative model for dementia care and a Dementia Services plan for the State. Wicking has significantly impacted the provision of aged care in Tasmania.
- The Healthy Eating Active Living Technology (HEALTHY) Research Centre is a collaboration between the FoH and LGH exploring the role of interactive digital technology in falls prevention and rehabilitation following stroke in community settings.
- National Health & Medical Research Council (NH&MRC) Centre for Research Excellence: *Breathe Well* focuses its program of research on better understanding respiratory health in the community, smoking cessation and improving the clinical management of chronic respiratory diseases.

- Australian Primary Health Care Research Institute - Centre for Research Excellence in Oral Health is a collaboration that focuses its program of research to improve primary oral health care for indigenous, disabled and older Australians in rural areas.

MOVING FORWARD: ALIGNING VISIONS FOR THE TASMANIAN HEALTH SERVICE

Both the FoH and the THS currently face critical challenges, bringing unprecedented opportunity to recast the relationship between our organisations to achieve mutual goals for Tasmania.

The FoH strongly recommends that the THS is established in a fashion that exemplifies the interrelated aims of excellence in clinical services, teaching and research, to deliver Tasmania a world-class health system. In addition to embedding these principles in the policy and strategy for the THS, we also support the concept of bold new initiatives that will align our mutually shared principles and strategies. This has been best represented in FoH leadership in obtaining Commonwealth funds to establish and embed clinical redesign capacity across the State, noting that there will be other opportunities that will arise from a strong commitment to work together.

The primary intention of the vTAHSP proposal was to explore the possibilities of promulgating a culture of support for excellence and high performance with respect to the nexus between research, education and clinical services. A major element of the vTAHSP demonstration project was the work by Professor Peter Brooks on the potential development and implementation of an Academic Health Sciences Partnership model (Appendix 1). Professor Brook's report was supported by the steering committee, comprised of the FoH, MIMR, the three Tasmanian Health Organisations, the Department of Health and Human Services and the Tasmanian Medicare Local, and has now been widely circulated.

As suggested by the Brooks Report (Appendix 1), we propose that the vTAHSP demonstration project is now formally established as the Tasmanian Academic Health Partnership (TAHP), maintaining its high value steering committee of senior leaders in clinical service and policy, education and research, as well as an advisory committee of the key public and private organisations that will assist in delivering on the three pillars of a world-class health system. The TAHP will be a state-wide organisation, maintaining a small and effective secretariat funded by the steering committee which will comprise of appropriate senior leadership in the THS, with a major role in supporting the implementation of the three pillars of excellence in clinical services, education and research across the health system.

The underlying theme of this response is the recognition that the best health outcomes stem from a workforce that is involved in services, education and research. Indeed, attraction of the best clinical workforce depends upon clear provision of time allocation devoted to the three areas. Where appropriate, joint appointments with the University and the THS can be an appropriate enabler to achieve this outcome.

The TAHP as a stand-alone organisation will have a major role in implementing the program objectives outlined in the Brooks Report (Appendix 1), and will bring together the state-wide health leaders to oversee programs of work. A major piece of work will be the Research Roadmap that will identify the critical issues influencing health outcomes in Tasmania, as well as the key steps required to marry or build translational research activity to address these issues. The TAHP will also be an important vehicle for developing recommendations on, for example, workforce planning and development, the recruitment of high performance staff in health across the University and THS,

the alignment of joint positions between organisations, and the evidence base to underpin highest quality services.

HSI Tas is an integral organisation necessary to help the Tasmanian Government drive and monitor innovation, quality and cost-effectiveness in healthcare delivery, and the associated development of a learning healthcare system for all Tasmanians. It provides a mechanism for bringing together education, research and service in the advancement of learning healthcare system. Experience interstate indicates that clinical redesign must be embedded in the system and funded if its success is to continue to effect enduring change in the system.

Through broad direction from the TAHP, the Faculty will also support the development of excellence in the THS through innovation in service, research and health professional education and training through joint planning to:

- identify workforce education and training needs to enable the FoH and THS to develop a shared understanding of future needs and challenges, and develop effective responses that meet the needs of both organisations;
- leverage FoH capability to provide leadership in the development of new workforce models and assist in expansion of scopes of practice (e.g. extended care paramedics, medical/nursing/rural generalists, etc.);
- leverage FoH capability to adapt and extend its support of the University's teaching profile to include Diploma, Advanced Diploma and Associate degrees in areas of need (as it has done for Paramedic and Dementia care);
- leverage FoH capability to develop continuing professional development programs to support professional and clinical workforce development and flexibility (e.g. Leadership in innovation, and health service research);
- unlock the potential of our combined simulation infrastructure and resources to support Quality and Safety through development of procedural competency and non-technical skills;
- leverage our expertise in workforce education and planning, research and analysis and policy development to commissioned activities; and
- redefine a set of standard models for joint appointments to the University and THS, including clinical academics.



Faculty of Health

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES - GREEN PAPER.

FACULTY OF HEALTH RESPONSE

APPENDIX 1: BROOKS REPORT

OPPORTUNITIES TO CREATE THE virtual TASMANIAN ACADEMIC HEALTH PARTNERSHIP (vTAHP)

CONSULTATION BY PROF PETER BROOKS, AM MD FRACP FAFRM FAFPHM



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EXECUTIVE SUMMARY

Health systems everywhere are under significant stress. The principal drivers are our ageing population and chronic disease, our ageing health workforce, unrealistic community aspirations, and the financial issues surrounding these challenges. Getting more out of the health system requires partnerships between the key elements of the health system and the training system that produces health professionals of an appropriate standard and quality. These create the basic elements of a sustainable health system – *service, research, and education (learning)*.

This partnership is recognised in Australia and internationally as an Academic Health Science Centre/ Precinct/Partnership and has been the subject of a report on the establishment of such an entity for Tasmania by Prof Peter Brooks. A series of consultations have been carried out and a governance and operational structure developed for consideration by senior executive of the health sector and the University of Tasmania.

This is a significant opportunity for the health and education sectors in Tasmania to establish a sustaining partnership to ensure that Tasmanians can get better and safer care creating a true partnership between health service providers, educators and researchers and facilitated by real patient input at every level. If successful this would create something that would be the envy of health systems around the world and allow Tasmania to assume a leadership/exemplar role in the world of patient engagement in health care.

The major recommendations are:

- That vTAHP be established as a discrete entity outside any of the partner organisations and funded for a period of 5 years with an option to extend for a further 5-year period. The entity – vTAHP – should have a simple MOU with each of the contributing organisations – Department of Health and Human Services (DHHS), University of Tasmania (UTAS), Tasmanian Health Organisation North (THON), Tasmanian Health Organisation South (THOS), Tasmanian Health Organisation North West (THONW), Tasmanian Medicare Local/Primary Care Network, the University of Tasmania Faculty of Health and Menzies Research Institute Tasmania (Menzies) which would cover responsibilities of vTAHP and the Partner organisations, membership of the Executive (each partner organisation would have a representative), frequency of meetings, process of review of entity and a simple dispute resolution clause, etc.
- The vTAHP be established as a company limited by guarantee.
- Consideration should be given to placing the vTAHP under the commercialisation arm of the University of Tasmania. There is precedence for this model of governance in Australia (see Hunter Medical Research Institute, South Australia Health and Medical Research Institute, and the Neurology Research cluster around University of New South Wales and Prince of Wales Hospital).
- That the Executive of vTAHP be initially composed of the founding partners
 - Department of Human Services and Health (DHHS)
 - The Tasmanian Health Organisation (s) (THOs)
 - University of Tasmania (UTAS)
 - Primary Care Network
 - Menzies Institute for Health Research
- That consideration be given to the appointment of an independent Chair of vTAHP.
- That discussions be held with the private health sector to engage their support and contribution to vTAHP and that a system of Affiliate Membership be developed to allow rapid inclusion of this sector in vTAHP.

- That discussions be held with the major research funding organisations in Tasmania – the Clifford Craig Trust, the Royal Hobart Hospital Research Foundation and others to maximise health research philanthropy and distribution of funding. It should be explicit that vTAHP would NOT raise research funds in its own right.

OPERATIONAL RECOMMENDATIONS

- The first tasks of the vTAHP would be to establish its modus operandi – regularity of meetings, etc where those meetings might be held (and I would make a strong recommendation to hold them in Launceston as this is the most geographically ‘central ‘ place for access, and to use video linking as much as possible).
- Its first task would be to develop a work plan which would include:
 - A roadmap for translational health research in Tasmania and identification of approximately 5 broad areas but informed by the current major challenges facing Tasmania in terms of health outcomes and focused on the broad area of Health Services Research including workforce redesign – the clinical end of translational research
 - Identifying the ‘low hanging fruit ‘- where will some quick wins occur.
- That an annual budget of \$800,000.00 be provided to run a small secretariat comprising:
 - a CEO (full time in the first instance)
 - an Executive Officer
 - Research officer
 - Small secretariat
 - Running expenses
- That the following organisations contribute an annual fee in relation to their budget:
 - DHHS
 - THOs (South, North, North West – in a ratio of 3/2/1)
 - UTAS
 - Menzies (note UTAS and Menzies might be looked as one for budgetary purposes and billed as such)
 - Tasmanian Medicare local /Primary Care Network
- This funding needs to be committed for a 5-year period subject to annual review of the outputs of vTAHP and that a further 5 years of funding be contemplated subject to outputs.
- That the vTAHP ensure that the basic infrastructure and ‘platforms/ informatics are available and easily accessible and that databases are common across the whole of the Tasmanian health system. This should include such issues as electronic medical records and eventually the sharing of these records with primary health care providers/ general practitioners and with patients. I am aware that Tasmanians now have a unique health ‘identifier‘ and there is the opportunity to build on this in the future.

JOINT APPOINTMENTS/ACADEMIC TITLES

- A key role of vTAHP would be to ensure that all senior staff within the Tasmanian health system understand the importance of engaging with these 3 fundamental tenets of a sustainable health system – *service, research, and education*.

- This would be best achieved by ensuring that the KPIs of all senior staff have elements of these 3 themes within their KPIs and that they are held to account in their annual appraisals which should be jointly managed by the health system and the university. The KPIs should not be onerous but must be inclusive and flexible. They would include elements in the 3 broad areas of service, teaching and research. All staff should understand the importance of these elements and the role they as individuals can play in improving patient outcomes.
- A significant role for the vTAHP would be to encourage/mandate appropriate academic titles for all senior staff within the health system.

EDUCATION

- That there are common training pathways for postgraduate clinical training developed on a State basis. Again this would not necessarily cut across existing 'out of State' rotations but would build a strong Tasmanian 'brand' for recruitment of medical and other health professionals into the future.
- A major focus of the vTAHP would be to ensure that Tasmanian health professionals have access to continuing professional development that is consistent with the skills required for the future health system. These would include (but not be limited to):
 - Leadership/followership development
 - Research skills including methodology
 - Principles of evidence based practice and the evidence / practice 'gap'.
 - Understanding of the importance of key issues such as health economics, patient engagement, and basic statistics
 - The importance of a 'learning' organisation
- That clinical placements are maximised across the State with an emphasis of inter-professional learning opportunities at both the undergraduate and postgraduate level.

PATIENT ENGAGEMENT

- That patients/consumers be engaged at every level of the vTAHP with involvement in developing and executing the research agenda. The concept of a Health Senate/Health Parliament, which might be an annual forum for the vTAHP to formally present to, is strongly recommended and would provide a unique opportunity for Tasmania to take an international leadership role in this increasingly important drive to patient/family-centred care.

BACKGROUND

Health is now the fastest growing segment of State and Federal budgets and with our rapidly ageing and increasingly chronically diseased population this segment of the budget is facing significant attention from governments around the country. The total budget for health is in excess of \$130 billion and there is increasing evidence that the translation of evidence into practice (the so called 'evidence practice gap') is less than optimal. Such things as fee for service, the multiplicity of funding streams between the State and Commonwealth, and the increasing out of pocket expenses (now at \$22 billion per annum and the fastest growing part of the health budget) require a much closer link between the education/training sector and the health sector than we have had before. Experience shows that a health system that is informed by evidence (a teaching hospital with a research and learning culture) will perform better than one that is not. The Productivity Commission Report into the Health Workforce in 2006 pointed out that the public health system was for a variety of reasons about 20% inefficient¹.

The research activities of a university or research Institute are not always aligned to the research needs of the health system – as emphasised by the recent McKeon Review (Strategic Review of Health and Medical Research – Final Report 2013). The current service delivery challenges – particularly of the acute health care system – do not encourage deep engagement of research and researchers across the system.

“Indeed, an overarching message that emerged during this review was the lack of a sufficiently strong connection between HMR (health and medical research) and the delivery of healthcare services. That is to say, research must be routinely performed as part of healthcare delivery and there must be greater linkage between healthcare providers and research organisations.”

“The overarching vision for health and medical research is one where research is fully embedded in all aspects of healthcare to deliver ‘Better Health Through Research ‘ and achieve the aspiration for Australia to build and maintain the world’s best and most efficient health system.”

- Simon McKeon AO, Chair – Strategic Review of Health and Medical Research in Australia 2013

A key recommendation of this Review was “to establish and fund Integrated Health Research Centres that combine hospital and community-care networks, universities, and research organisations such as medical research institutes”². These would “establish a clear set of criteria around integration, excellence, translation, strategy, leadership and governance”³.

REVIEW OF ACADEMIC HEALTH CENTRES

The US Experience

There is evidence that 'teaching hospitals have better patient outcomes than non-teaching institutions and the idea of Academic Health centres with close links between service delivery, research and health education has existed for a long time in the United States. In the US health system, universities have an advantage in that they often 'run' the health care system that they teach and research into; examples include Duke Health Care, the Cleveland Clinic and the Mayo Clinic. These are multibillion-dollar entities operating across a number of campuses and with international affiliates. Although aspirational in concept and design, direct comparisons to the Australian system may not be all that useful at this point in time. Two examples of US Academic Health Centres and their governance structures are provided below courtesy of McKinsey (Marek Stepniak):

Dartmouth-Hitchcock Medical Centre

Dartmouth



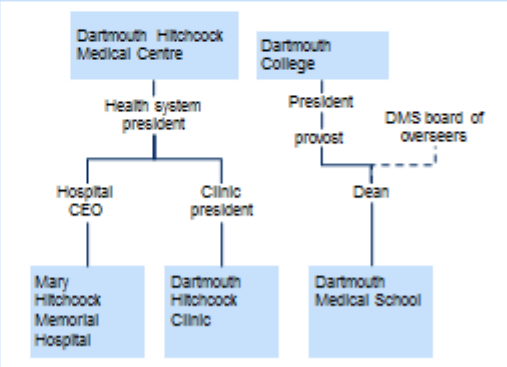
Description

- Includes hospital, medical school and primary care
- Organization responsible for 907 beds, 8,700 full and part time employees and 1,100 students
- Revenues of \$1,200 million (91% net patient revenue and medical)

Key success factors

- Shared leadership**
 - Key leaders such as Co-President and Chief Medical Officer also senior faculty members at Medical School
 - Dean of Medical School sits on Hospital board
- Institutional focus on clinical delivery**
 - Dartmouth Institute for Health Policy and Clinical Practice focuses on turning research into clinical practice
 - Situated on site of hospital for close proximity and integration
- Jointly agreed strategic plan**
 - Strategic plan focusing on patient centered care agreed across all departments
 - Research support for achieving strategic objectives provided by Dartmouth Institute

Organizational Model: Co-governance



SOURCE: Interview; www.dartmouth-hitchcock.org
NOTE: 2011 data except number of students

McKinsey & Company | 33

Duke University

Duke



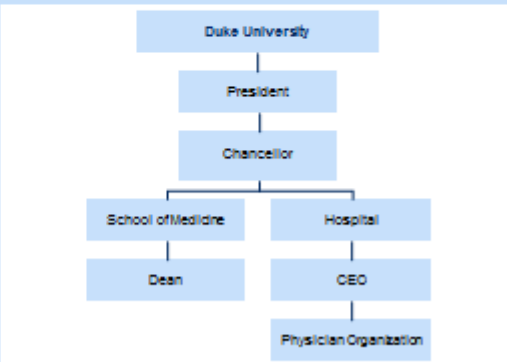
Description

- Integrates three hospitals, clinician and nursing universities
- Organization responsible for over 1000 beds, 14,400 full time employees and 850 PhDs
- Revenues of \$3,000 million

Key success factors

- Shared vision**
 - Strategic alignment at senior level due to chancellor having director control of hospital and medical school
 - Faculty practice board involves hospital leadership and department chairs ensuring strong institution wide representation
 - All physicians at Duke facilities are also faculty members ensuring alignment between research and clinical practices
- Strategic planning**
 - Plan to move from academic departments to disease or process-oriented interdisciplinary teams
- Performance monitoring**
 - Executive leaders given targets that match strategic plan
 - Performance dashboard across system encompassing clinical quality, work culture, patient satisfaction and financial performance

Organizational Model: Co-governance



SOURCE: Industry Interviews; medical center Websites; www.duke.edu

McKinsey & Company | 32

The UK Experience

A practical review of academic medicine in 2008 carried out by the British Medical Association⁴ outlined the benefits that academic medicine might contribute to future health care in UK and these issues are equally relevant to Tasmania as well. They include:

- Questioning and critically appraising the existing knowledge base;
- Delivering financial gains and contributing the economic growth (a healthy community is more productive);
- Providing new ideas, evidence and products that bring about improved patient care and a reduction in costs of health care – not necessarily reducing the health budget but allowing more 'units' of service to be delivered for the same amount of money;

- Bringing about direct benefits to patients;
- Maintaining and enhancing the knowledge, skills and attitudes of health professionals;
- Generating income and expertise in the use of resources; and
- Actively contributing to a culture of high –quality clinical services.

Following these discussions in the UK, the NHS designated a number of university/health service providers – from hospitals to primary care – research institutes and community partnerships as Academic Health Science Centres (AHSCs). Designation followed an extensive submission process and review by an international panel (the author of this report was a member of that panel). Interestingly no ‘new’ money was provided to Centres so designated but all of them recognised the benefit of creating partnerships that would be more competitive in peer review grant and commercial funding⁵.

A further paper has recently reviewed the challenges faced by Academic Health Centres in the UK pointing out aligning high quality care, innovative research and world class education requires some fundamental changes to how funding is directed across the health and education sectors and how accountability, standardised metrics and key performance indicators need to be aligned across the partnership⁶.

Here are 2 examples of UK ACHS and their governance structures, again courtesy of Marek Stepniak, McKinsey:

Manchester AHSC



Description

- Founded In July 2008
- Partnership Involving Central Manchester University Hospitals, Christie Hospital, Manchester Mental Health and Social Care Trust, NHS Salford, Salford Royal Trust, University Hospital of South Manchester and The University of Manchester
- NHS partners employ 23,500 staff plus 9,700 staff in the University

Activities to date

- Published strategy for MAHSC with seven goals
 - Improve the health and wellbeing of the population through the development and application of innovative healthcare and research
 - Disseminate innovation in technology and care nationally and internationally
 - Educate effectively in all aspects of healthcare, healthcare management, and biomedicine in support of workforce development
 - Lead on quality of care and public involvement
 - Partner more widely and more beneficially with the commercial sector
 - Contribute significantly to innovation, enterprise and economic development in the city region and the North West of England
 - Attract the best national and international health researchers and healthcare workers
- Launched pilot projects
 - Blood samples collections to understand whether there are any underlying genetic markers for patients that suffer from more than one illness, for example diabetes and cardiovascular disease
 - Industry liaison programme targeted at SMEs in health technology

SOURCE: www.mahsc.ac.uk

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Manchester AHSC uses a 'federated' model where the Board coordinates and facilitates improved processes between the partner organizations



SOURCE: www.mahsc.ac.uk

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Cambridge University Health Partners



Description

- Founded In September 2009
- Partnership Involving University of Cambridge, Cambridge University Hospitals, Papworth Hospital and Cambridge and Peterborough Trust
- Established as separate legal entity to the trusts and hospitals, but board has equal representation
- Combined trust turnover: £870 million (10% from research, education and training)
- Combined trust employees: 12,100 FTE

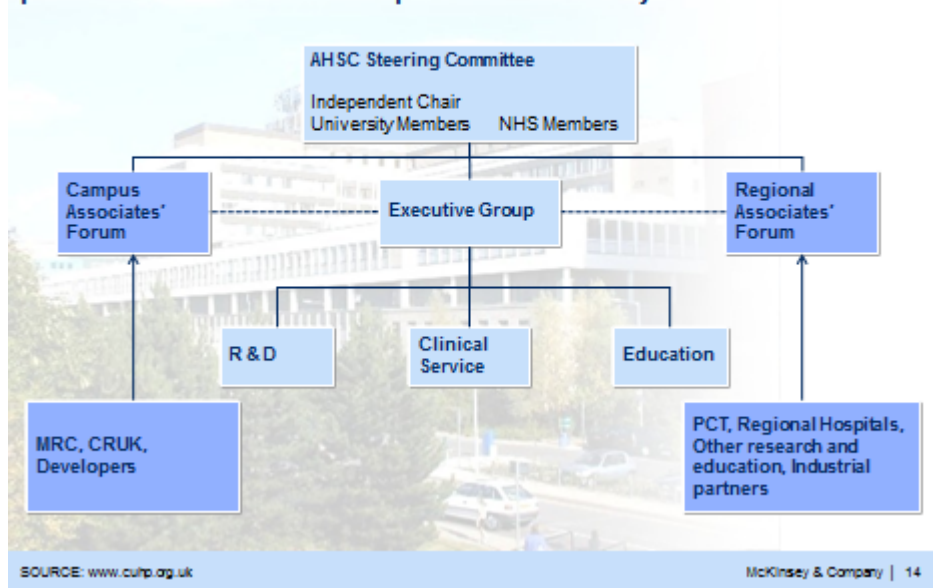
Activities to date

- Established Clinical Trials Unit
 - Supports grant applications for trials
 - Advises on ethics committee applications
 - Supports collaboration between organizations within CUHP in running and analyzing results of clinical trials
- Partner in construction of Medical Research Council of Laboratory of Molecular Biology
 - Partner in construction of new laboratory due to open in 2012 that seeks to understand major biological processes at the molecular level
- Appointed key personnel to CUHP
 - Director of Education appointed June 2011 and have been tasked in establishing Multiprofessional Education Board between partners of CUHP
 - Director of Academic Health Science System appointed April 2011 to coordinate relationships beyond CUHP partner trusts to include stakeholders in community health and primary care

SOURCE: www.cuhp.org.uk; FIMS data and trust annual report data 2011/12

McKinsey & Company | 13

Cambridge University Health Partners uses a 'joint partnership board' model where the Board provide leadership across the partnership and promotes interaction between partners and industry



Australia

Academic Health Centres have been considered in most Australian States over the last 5 years⁷. The current status can be summarised thus:

- Queensland is likely to have one which is led by the University of Queensland (UQ) and brings together UQ and its campus research Institutes, the Diamantina Institute, QIMR, Mater Medical Research Institute and the teaching hospitals, particularly the Princess Alexandra and Royal Brisbane Hospitals.
- Sydney is planning a number of configurations principally around UNSW and the University of Sydney.
- Melbourne has 2 well developed entities – Monash Partners which includes Monash University and its associated teaching hospitals including the Epworth Hospital (private sector).
- Adelaide has established the South Australian Health and Medical Research Institute (SAHMRI), which incorporates the Universities of Adelaide and South Australia and Flinders University together with respective Research Institutes, teaching hospitals and the community. (See: <https://www.sahmri.com/>)

Of these entities only SAHMRI seems to really engage with the primary care and community sector but it is very early days since NHMRC has only just released its Guidelines calling for submissions for recognition by NHMRC as an Advanced Health Research and Translation Centre (See: *NHMRC Advanced Health Research and Translation Centres* - <https://www.nhmrc.gov.au/research/nhmrc-advanced-health-research-and-translation-centres>). Some State governments have provided seeding funding to assist in the creation of these entities.

Opportunities For An Academic Health Partnership In Tasmania

It was with this background that the University of Tasmania received a grant from the Federal Government to develop a structure to deliver an Academic Health Centre for Tasmania. This has been developed as the virtual Tasmanian Academic Health Partnership (vTAHP).

Tasmania has particular issues in relation to health with some of the poorest health outcomes reported on a national basis. The Tasmanian health system has been subjected to a number of significant funding challenges over the last few years including a 'rescue package of some \$320 million from the previous Federal Government. A number of reports have outlined some of the challenges inherent in the Tasmanian environment – the most recent (and comprehensive – since it focuses on sustainability) is *The Commission on Delivery of Health Services in Tasmania – A Report to the Australian Government and Tasmanian Government Health Ministers*. This Review raises a number of issues which provide a rich research agenda that could be developed by the vTAMP⁸.

These include but are not exclusive to:

- Clinical redesign (Recommendations 24-26)
- Clinical engagement (Recommendations 40-44)
- Consumer engagement (Recommendation 45)
- Improving efficiency (Recommendations 53-55)

These and other health issues could engage a whole of university approach with involvement not only of the Faculty of Health but the Faculties of Business, Education, Law, Science, Engineering and Technology as well as the Faculty of Arts – when one considers research issues around patient engagement and the social determinants of health. For example review the Rothermere Institute Lecture by Michael Malone (See: <http://podcasts.ox.ac.uk/people/michael-s-malone>).

Complexity of health systems – the opportunity for Tasmania

Health systems are very complex and involve issues such as funding, health workforce, training of health professionals, health facilities – hospitals and ambulatory facilities, primary health care and community issues such as the social determinants of health. They are also increasingly driven by how patients are engaged in their own care. Although 'patient centred care' is discussed in all modern health delivery systems, it is still given much lip service particularly when the funding issues of the acute health sector seem so enormous. Patients are increasingly able to communicate with each other and with their health professionals through social media and through communication technologies that have the ability to revolutionise health care delivery if we let them. (See ePatientDave.com and PatientsLikeMe.com). A recent meeting of the Health Informatics Society of Australia focused on Participatory Health (www.hisa.org.au/page/hic2014phc) and had significant contributions from University of Tasmania (www.utas.edu.au/data/.../Healthy-Eating-Healthy-Ageing-Phase-II.pdf).

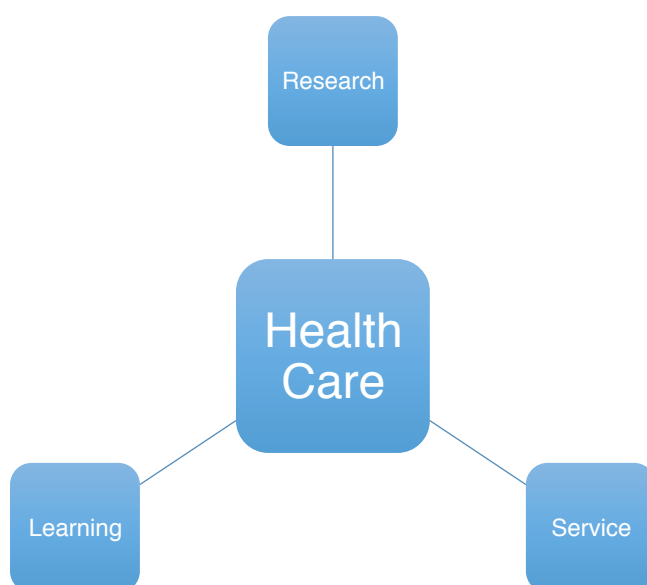
Recent reviews of the use of technology to enhance productivity and patient connectivity in healthcare include reports from the [Brookings Institute](http://BrookingsInstitute.org) and [McKinsey Global Institute](http://McKinseyGlobalInstitute.org). These papers predict productivity gains to the health system globally of some \$300 billion dollars over the next decade⁹⁻¹⁰. Much of this research and development could be the focus for the Tasmanian health system and its component educational and research partners. This is not to preclude encouragement of all the scientific, bioengineering and public health research that is being conducted currently at the University of Tasmania and its research Institutes but is presented to extend that research horizon.

In Australia like many countries around the world, we tend to focus on hospitals and acute episodes of care while community care or even disease prevention are not accorded the funding and attention that they require.

THE virtual TASMANIAN ACADEMIC HEALTH PARTNERSHIP (vTAHP)

Principles and Background

To create a sustaining health system requires that those three 'pillars' of *service, research* and *teaching* are intimately linked.



Research must inform both the health education process and service delivery. Although we espouse evidence based health care delivery there many examples where we know that evidence based guidelines are not adhered to, that treatments and investigations that show little evidence of efficacy – so called ‘low value care’ – are still used and that patients are not informed about this when being offered such interventions. It has been estimated that upwards of 20% of health care interventions in Australia and an even higher percentage in the USA are of low value and make little impact on patient outcomes¹¹. Closing that evidence/practice gap – which would seem to be a major opportunity for the vTAHP – would free up significant resources for other more evidence based interventions across the Tasmanian community.

These issues of reform within the health system are also developed further in the series of documents produced by the Royal College of Physicians in the UK (See: **Royal College of Physicians - [Future Hospital: Caring for medical patients](#)**) which provide valuable information particularly on new models of care with in hospitals and stress the importance of developing clinician leadership and patient engagement at every level of the health system.

There are a number of different governance arrangements for these entities around the globe and these are dependent on a number of factors such as previous relationships between partners, funding streams and on local issues. There is no clear best model of governance and the model suggested here is based on discussions with the key stakeholders. What has become clear is the need to have something that provides a small but committed executive group who will have ownership of the project and be able to persuade all those engaged in the vTAHP of its value and ensure that its decision making processes are fair and transparent and are made to improve the health status of all Tasmanians. Discussions that have been held thus far with a range of individuals and organisations across the Tasmanian health system have been very enthusiastic about the need for such a partnership. There has also been a significant level of enthusiasm from those interviewed to accept

the challenges posed by the current health 'crisis' but engage with the Partnership to make vTAHP work.

CONSULTATIONS

Prof Brooks has held consultations in Hobart, Launceston and Burnie and has had a number of telephone consultations with relevant individuals (See Appendix 2: List of Interviews). These have been synthesised into this draft report which has been presented for broad discussion with key partners (both organisational and individual) from May to July 2014 to ensure that the final document can contain a 'roadmap' for implementation that can be 'owned' by the key stakeholders.

The final document will need to be supported by all Tasmanian health professionals, indeed by all Tasmanians, as something that will impact positively on health outcomes in the community. A key element to this is the adoption of a robust and transparent governance charter, the establishment of a robust set of KPIs and a mechanism for regular review. A major component will be a funding mechanism to ensure that vTAHP can be underwritten financially for a period of at least 5 years with an option for refunding for another 5-year period since some of the outcomes – particularly on patient outcomes – will take some time to become obvious.

There is widespread support from all sectors for an entity that can bring together the various partners in the Tasmanian health system which include (but not exclusive to):

- The Department of Human Services and Health (DHHS)
- The University of Tasmania (UTAS)
- The Tasmanian Hospital Organisation
- Tasmanian Medicare Local (now Primary Care Network)
- The Menzies Centre for Health Research
- Health research funding agencies such as Clifford Craig Foundation and the RHH Trust

ESTABLISHMENT RECOMMENDATIONS

- That vTAHP be established as a discrete entity outside any of the partner organisations and funded for a period of 5 years with an option to extend for further 5-year period. The entity – vTAHP – should have a simple MOU with each of the contributing organisations – DHHS, UTAS, LGH, RHH, Burnie Gen Hospital, Tasmanian Medicare Local/Primary care Network, Menzies which would cover responsibilities of vTAHP and the Partner organisation, membership of the Executive (each partner organisation would have a representative), frequency of meetings, process of review of entity and a simple dispute resolution clause, etc.

Given the history of partnerships between the health system and the University of Tasmania there would be a benefit of creating a structure that has some independence from each of the Partner organisations. This recommendation is not made lightly but with the strong belief that this 'separation' will provide vTAHP with the best opportunity of success.

It is therefore recommended that:

- The vTAHP be established as a company limited by guarantee.
- Consideration should be given to placing the vTAHP under the commercialisation arm of the University of Tasmania. There is precedence for this model of governance in Australia (Examples include Hunter Medical Research Institute, SAHMRI and the Neurology Research cluster around UNSW and Prince of Wales Hospital).
- That the Executive of vTAHP be initially composed of the founding partners:
 - DHHS
 - THOs

- UTAS
- Primary Health Care Network
- Menzies Research Institute Tasmania
- That consideration be given to the appointment of an independent Chair of vTAHP.
- That discussion be held with the private health sector to engage their support and contribution to vTAHP and that a system of Affiliate Membership be developed to allow rapid inclusion of this sector in vTAHP.
- That discussions be held with the major research funding organisations in Tasmania – the Clifford Craig Trust, the Royal Hobart Hospital Research Foundation and others to maximise health research philanthropy and distribution of funding. It should be explicit that vTAHP would NOT raise research funds in its own right.
- That discussions be held with health consumer groups, commencing with the Consumer Health Forum, to build a group of informed consumers to participate in a number of levels of research within the vTAHP.

OPERATIONAL RECOMMENDATIONS

- The first tasks of the vTAHP would be to establish its modus operandi – regularity of meetings, where those meetings might be held (and I would make a strong recommendation to hold them in Launceston as this is the most geographically ‘central ‘ place for access), and to use video linking as much as possible.
- Its first task would be to develop a workplan which would include:
 - A roadmap for translational health research in Tasmania and identification of approximately 5 broad areas but informed by the current major challenges facing Tasmania in terms of health outcomes
 - Identifying the ‘low hanging fruit ‘ - where will some quick wins occur
- Each of the participating organisations already has a research plan and it would be very easy to workshop the commonalities to develop the major themes
- That the research agenda should be clearly defined with a small number (up to 5) of ‘themes ‘informed by the health needs of Tasmania and focused on the broad area of Health Services Research – the clinical end of translational research
- That the research agenda focus significantly on the issues identified by the vTAHP as important to the health system in Tasmania and have a significant focus health service/workforce redesign.
- This should be done quickly, drawing on already existing demographics and documents and a small series of workshops to engage the major clinical and research groups.
- Proposed timeline: Plan for first meeting of the Executive in September/October 2014 with plan to have workplan and research priorities among other things completed and signed off by early 2015.
- That a comprehensive review process be established for vTAHP with annual review of an established set of KPIs by the partner organisations with an external review to be carried out at the beginning of year 4 (completed by mid-year 4) to allow for reapplication for the next 5 years of funding – if that were the preferred option.

The issue of KPIs will be somewhat challenging but would to a certain extent be a composite of the KPIs of the partner organisations which will differ. For example, the University/Menzies would be interested in numbers of peer reviewed grants, fellowships,

publications, commercialisations, recruitment of key researchers, numbers and quality of students and learning programs, research engagements, etc.

The Hospitals would similarly be interested in recruitment and retention of quality staff, research and learning opportunities, publications, and research funding to associated Foundations. They would also be interested in reduction in hospital adverse events, readmission rates, etc. In fact there is a range of hospital outcome/output indicators that might be influenced by a more productive and evidence 'driven' health workforce. These would include the all normally collected health reporting data but also patient satisfaction data. It would be interesting to map some of these outcomes back to the Standards of the Australian Quality and Safety Commission to which Hospitals in Australia must now report.

DHHS might look at population health metrics – numbers with cardiovascular events, cancer, etc., State mortality and morbidity rates – data that is already collected for a number of organisations.

- That an annual budget of \$800,000 be provided to run a small secretariat comprising:
 - a CEO (fulltime in the first instance)
 - an Executive Officer
 - Research officer
 - Small secretariat
 - Running expenses
- That the following organisations contribute an annual fee in relation to their budget:
 - DHHS
 - RHH
 - LGH
 - BGH
 - Uni Tasmania
 - Menzies (note UTas and Menzies might be looked as one for budgetary purposes and billed as such)
 - Tas Medicare local /Primary Health Network
- This funding needs to be committed for a 5-year period subject to annual review of the outputs of vTAHP.
- That the vTAHP ensure that the basic infrastructure and 'platforms/ informatics are available and easily accessible and that databases are common across the whole of the Tasmanian health system. This should include such issues as electronic medical records and eventually the sharing of these records with primary health care providers/ general practitioners and with patients. I am aware that Tasmanians now have a unique health 'identifier ' and there is the opportunity to build on this in the future.

JOINT APPOINTMENTS/ACADEMIC TITLES

- A key role of vTAHP would be to ensure that all senior staff within the Tasmanian health system understand the importance of engaging with these 3 fundamental tenets of a sustainable health system – *service, research, and education*.
- This would be best achieved by ensuring that the KPIs of all senior staff have elements of these 3 themes within their KPIs and that they are held to account in their annual appraisals. The KPIs should not be onerous but must be inclusive and flexible. They would include elements in the 3 broad areas of service, teaching and research. All staff should understand the importance of these elements and the role they as individuals can play in improving patient outcomes.
- A significant role for the vTAHP would be to encourage/mandate appropriate academic titles for all senior staff within the health system.

EDUCATION

- That there are common training pathways for postgraduate clinical training developed on a State basis. Again this would not necessarily cut across existing 'out of State' rotations but would build a strong Tasmanian 'brand' for recruitment of medical and other health professionals into the future.
- A major focus of the vTAHP would be to ensure that Tasmanian health professionals have access to continuing professional development that is consistent with the skills required for the future health system. These would include (but not be limited to):
 - Leadership/followership development
 - Research skills including methodology
 - Principles of evidence based practice and the evidence / practice 'gap'.
 - Understanding of the importance of key issues such as health economics, patient engagement, and basic statistics
 - The importance of a 'learning' organisation
- That clinical placements are maximised across the State with an emphasis of inter-professional learning opportunities at both the undergraduate and postgraduate level.

PATIENT ENGAGEMENT

- That patients/consumers be engaged at every level of the vTAHP with involvement in developing and executing the research agenda. The concept of a Health Senate/Health Parliament, which might be an annual forum for the vTAHP to formally present to, is strongly recommended and would provide a unique opportunity for Tasmania to take an international leadership role in this increasingly important drive to patient/family-centred care.

We are moving rapidly into new era of health care driven by the ability of patients and health professionals to engage with each other through social media and electronic connectivity creating virtual world .The catch cry 'if we are informed better we perform better' has been a driver for groups such as the Society for Participatory Medicine which is taking patient engagement and shared clinical decision making to a new level (See: www.participatorymedicine.org).

Tasmania has a great opportunity to test many of these new developments (apps, personal monitors, new education strategies – gaming, etc.) in reasonably controlled environment and become a test bed for the technologies that will drive health care reform and productivity gains over the next 2 decades (Brookings Institute 2013).

APPENDIX 1. THEMES FROM STAKEHOLDER CONSULTATIONS

Themes

- Really timely and could be a catalyst for real health partnerships
- Relatively small number of key partners – DHHS, the 3 THOs, one Medicare local, UTAS Faculty of Health and UTAS Menzies Institute makes this easier to achieve than in other states
- Don't reinvent the wheel
- Needs to make a real (measurable) difference to health outcomes in the medium to long term
- vTAHP needs some structure but light touch administration
- must have a whole of State perspective
- Create sustainability - buy in financial by key partners
- Need to communicate evidence based practice guidelines at every level
- Needs to be better communication / transparency between sectors – particularly U Tas and Hospitals and DHHS
- Executive of vTAHSP needs to be able to facilitate real change in behaviour across the health professions
- Exemplars of State wide services / collaboration exist- cardiac/renal/pharmacy
- Real opportunity for patient engagement
- Focus on what will make a difference – health services research / new models of care – the sharp end of translational research
- Some rationalisation of fundraising – local groups very successful
- vTAHSP should NOT be a fundraiser in its own right
- Should invest in the 'tools'- databases / platforms /technologies that can be used State wide to facilitate research / clinical service /health education interactions
- Engage patients / community membership at all level s- Health Senate/ Parliament concept
- Stimulate/ facilitate research links with other Faculties at U Tas (particularly engineering /biotechnology /information technology) and with industry – working with already existing agencies
- Establish health research 'registries'- patients / clinical trials
- Establish list of research expertise – find an expert
- Develop research mentorship program
- Provide assistance in grant writing
- Clinicians having joint appointments that really matter- possibility of strengthening these through joint appraisals.
- Develop an ethos that all have a responsibility for service / teaching and research
- Great opportunities for clinical redesign
- Could vTAHSP 'map' research for Tasmania?
- Need to look at health organisations outside Tasmania for expertise – Royal Childrens Hospital etc
- Real opportunity for workforce redevelopment – focus on out of hospital care / rural
- Need for organisation to develop a common agenda
- Many current project shave the opportunity for making a real difference –Healthy living project, CRC for Ageing
- Need to get some quick successes
- Need to establish a robust review mechanism for vTAHSP from the beginning
- Need to be aware of 'geography'
- Appropriate academic titles

APPENDIX 2. LIST OF INTERVIEWS

Interviews were carried out with the following (in alphabetical order):

Alan Sandford
Alistair MacDonald
Bryan Walpole
Craig White
Denise Fassett
Dom Geraghty
Edward Swan
Fiona Stocker
Gavin Austin
Graeme Houghton
Grant Phelps
Greg Peterson
James Vickers
Jane Holden
John Kirwan
Judith Watson
Karen Linegar
Kim Rooney
Matthew Daly
Matthew Jose
Michael Buist
Micheal Pervan
Mike Calford
Paddy Nixon
Phil Edmondson
Richard Hays
Rob Walters
Steven Campbell
Stuart Smith
Tom Marwick
Tony Lawler

**Prof Peter Brooks also addressed groups of clinicians in Burnie, Launceston and Hobart, where he conducted a grand Round on the subject of Academic health Partnerships driving research.*

APPENDIX 3. TERMS OF REFERENCE FOR CONSULTANCY

Background

The mission of the virtual Tasmanian Academic Health Science Precinct (vTAHSP) is to facilitate the provision of a strategic, scientific and coordinated approach to improving the health of Tasmanians.

The vTAHSP will seek to develop and support evidence-based principles and approaches to the health system, in order to:

- Drive innovation in clinical services;
- Translate research into health advances;
- Ensure appropriate design and evaluation of clinical services;
- Develop clinical academic leadership;
- Develop and support the workforce required for health service improvement;
- Support the improvement of health research literacy for clinical staff.

The vTAHSP will comprise seven key health partners: the three Tasmanian Health Organisations, the Department of Health and Human Services, the Tasmanian Medicare Local, the Faculty of Health and the Menzies Research Institute of Tasmania. Involvement of external medical research organisations, specifically the RHH Research Foundation and Clifford Craig Medical Research Trust, will support greater integration and expansion of research networks to support the work of the vTAHSP. The vTAHSP scope will encompass all of Tasmania's health system, from primary and community health through to the acute sector, wherever there is interest in, or a capacity to develop, a network of health professionals and researchers focussed on improving health and care delivery.

The Commonwealth Government contract to support the development of the vTAHSP stipulates the appointment of an external consultant to assist with the development of this model. The required stages of the task will be to:

1. Liaise with senior representatives of the health partner group (steering committee), as well as relevant members of the University, advisory committee and other relevant health organisations, to obtain views on the specific policy and operational features of a vTAHSP. This will involve site visits to different regions of the State, with forums at sites, to be negotiated.
2. Undertake an analysis of Academic Health Precinct models in Australia, their effectiveness and potential learnings to inform the Tasmanian vTAHSP model. Examination of possible international models of relevance to the vTAHSP.
3. Develop a proposed governance model(s) for the vTAHSP for consideration by the Steering and Advisory committees. Advise on a strategy for the continued operation and sustainability of the vTASHP.
4. Assist in the evaluation of applications for Demonstration Project funding.

2. and 3. To form the basis of a Report to be produced for the Steering and Advisory committees of the vTAHSP by October 31st, 2014.



VIRTUAL TASMANIAN ACADEMIC HEALTH PARTNERSHIP – vTAHP

Improving Health Outcomes For All Tasmanians

- Linking Research, Learning And Health Delivery
- Ensuring Evidence Informed Health Care
- Embedding A Relevant Research Culture
- Creating Learning Health Communities

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