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CENTRE FOR HEALTH POLICY, PROGRAMS AND ECONOMICS

ANNUAL REPORT 2011

YEAR’S OVERVIEW

2011 was an important year for the Centre for Health Policy, Programs and Economics (CHPPE). We were one of two centres in the Melbourne School of Population Health (MSPh) that were reviewed during the year. A review panel was brought together and chaired by Professor Geoff McColl, Deputy Dean of the Faculty of Medicine, Dentistry and Health Sciences (MDhS). It included international and national representatives whose work has a similar focus to our own, namely Associate Professor Jackie Cumming (Director, Health Services Research Centre, School of Government, Victoria University of Wellington), Professor Philip Davies (Professor of Health Systems and Policy, School of Population Health, University of Queensland) and Professor Tony Harris (Deputy Director, Centre for Health Economics, Monash University). It also included Ms Leonie Young, the former CEO of beyondblue, who provided valuable input from the perspective of someone who has funded and used our work.

Preparing for the review was hard work, but it was an extremely useful exercise. It allowed us to reflect on what we have achieved over the past five years (2006-2010), and consider our directions for the next five years. Some of our key achievements are highlighted below. These have been updated from our review documentation to include information from 2011.

- Our staff numbers grew from 17.7 FTE in 2006 to 24.1 FTE in 2010, including an increase in the numbers of senior staff. This trend continued into 2011, where we had 24.5 FTE staff. In 2011, we successfully recruited a senior health economist. We look forward to Professor Philip Clarke taking up this role at the beginning of 2012.
- We attracted a total of $28,463,178 during the review period. Sixty per cent of this ($17,038,095) came to ChPPE directly; the remainder was shared with various collaborative partners. Our collaborative income grew from $5,671,463 in 2006 to $8,107,192 in 2010, and has continued to increase in 2011 ($9,855,366). Our centre-specific income grew from $2,359,795 to $4,167,571 over the review period, and increased further to $5,149,372 in 2011. We maintained our strong financial position because of our diverse sources of income, which includes both Category 1 grant funding sources (competitive grants from bodies like the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC)) and Category 2 funding sources (e.g., contracts with state/territory and Commonwealth governments).
- Our staff authored 288 publications between 2006 and 2010, including 136 refereed journal articles. One third of these were in journals which were classified as A or A* in the 2010 Excellence in Research for Australia (ERA) exercise. In 2011, we added an additional 59 publications to our tally, including 43 refereed journal articles. The ERA classification no longer applies, but many of these articles appeared in journals of high standing.
- We had 31 PhD students enrolled with us during the review period, 10 of whom completed their PhDs within this period. Extending the period to 2011 brings these figures to 34 and 12, respectively. Enrolments increased from 15 in 2006 to 24 in 2010, and
A rigorous evaluation of the Better Access program led by the Centre for Health Policy, Programs and Economic (CHPPE) has provided strong evidence that the program delivers good value for Australian taxpayers. Better Access provided Medicare-funded psychological care to more than two million Australians over a three-year period.

Australia’s most comprehensive evaluation of a Medicare-based program, the Better Access research was conducted by CHPPE in collaboration with colleagues at the University of Queensland. CHPPE, part of the Melbourne School of Population Health at the University of Melbourne, injected much needed substance into the public debate about what had become a controversial program. The evaluation’s results were cited by a Senate inquiry, reported in mainstream and academic media, were published in journals, and informed changes to the program itself.

The Commonwealth Government’s Better Access initiative was introduced in late 2006 and enabled General Practitioners (GPs) to refer consumers to selected allied health professionals for a set number of sessions of psychological care. Critics had focused on the unanticipated level of funding required for the program, and had contended that it had only reached the “worried well”, people from wealthy metropolitan areas, and those who were already “in the system”.

CHPPE’s Director, Professor Jane Pirkis, said the evaluation drew on the best available evidence to disprove some key objections to the program. “We found that uptake of Better Access services has been high in absolute terms, even among relatively disadvantaged groups,” she said. Just over two million people received Better Access services during the three-year observation period. This significantly increased from 33.8 people in every 1000 in 2007 to 52.8 people in every 1000 in 2009.

“Uptake was highest for people in capital cities and in areas of high socio-economic advantage, but those in remote areas and areas of the lowest socio-economic advantage experienced the greatest growth in uptake over the three-year period,” she said. “We also found that Better Access is reaching significant numbers who have not previously accessed mental health care. We found that more than 50 per cent of consumers seen by psychologists are ‘new’ to mental health care.”

Professor Pirkis also said the program was treating many people with severe symptoms and debilitating levels of distress, with more than 80 per cent of consumers seen by psychologists having been assessed as experiencing high or very high levels of psychological distress.

Preliminary analysis of self-reported outcomes and cost data for consumers seen by psychologists suggested that Better Access provides good value for money, she said. “We calculated that the average package of care provided by a psychologist, including the cost of the referral and review by the GP, was $753. Others have estimated that optimal treatment for anxiety or depressive disorders would cost about $1100.”

“Better Access is reaching significant numbers who have not previously accessed mental health care.”

The evaluation drew on 20 data sources, including analyses of Medicare and other administrative datasets, analyses of existing epidemiological and research datasets, and stakeholder interviews/surveys and consultations. “We don’t know of any other evaluations of Medicare-based programs that have been as comprehensive as this;” Professor Pirkis said. “Most have done little more than examine service utilisation and cost data.

“Our study also included studies of consumer outcomes, the largest of which we conducted ourselves. This examined outcomes of Better Access care for 883 consumers.” Consumers had reported positive outcomes on standardised measures of psychological distress, depression, anxiety and stress, and expressed satisfaction with their care under Better Access.

CHPPE has published several journal articles from the empirical data and has others in production. “We’re pleased with these academic achievements, but we’re happier still that the evaluation has had an impact on the debate around Better Access,” Professor Pirkis said. “This research has taken it from a level that was based purely on opinion and conjecture to one which has systematically drawn on the best available evidence.”
then to 17 in 2011. Completions also rose, from one in 2006 to six in 2010, but dropped to two in 2011. The latter pattern can be explained by the fact that the majority of our students study part-time, at least for part of their candidature. This means that many of them are enrolled for around six years, so it is not uncommon for there to be year-on-year variations in completions.

- Our award courses and short courses have both attracted significant numbers of students. During the review period, our total enrolments in our Master of Public Health (MPH) subjects sat at around 225 each year. The cessation of the Consortium MPH and the commencement of the MSPH MPH has coincided with a recent dramatic increase in total enrolments in our courses (348 students in 2011).
- Our Quality of Teaching (QoT) scores have been consistently high, ranging from an annual average across subjects of 4.2 to 4.5 (out of 5.0) over the course of the review period. In 2011, subjects taught by CHPPE in the new MPH were assessed using the new Student Experience Survey, which does not provide comparable scores to the QoT of previous years. However, CHPPE-taught subjects were all positively reviewed by students.
- Through our research and teaching, we have consistently influenced health policy and practice.

The Review Panel was extremely positive about the many achievements of the Centre. It praised the performance of CHPPE's academic staff in research, teaching and knowledge exchange, and noted that the Centre had continued to grow in strength despite having undergone a period of significant change during the review period.

The Review Panel made a number of helpful recommendations. Some of these were specific to CHPPE and others related to the MSPH; some were in areas of which we were already conscious, and others benefited from the panel looking at us from an external perspective and with ‘fresh eyes’. Many of the recommendations involved actions that we are already beginning to take. For example, the panel recommended that we could take a more formal approach to some of our collaborations with other centres in the MSPH. This is happening in a number of ways, not least through the Australian Longitudinal Study on Male Health, which is a whole-of-School endeavour. Professor Dallas English, the Director of the Centre for Molecular, Environmental, Genetic and Analytic (MEGa) Epidemiology, and I would like to thank all CHPPE staff and students for their unwavering efforts during the year. The success of the review was entirely due to the individual and collective efforts of our talent group of researchers and teachers. If 2011 is anything to go by, our next review period will be even better than this one!

**LEARNING AND TEACHING**

CHPPE continues to be a significant provider of postgraduate teaching and learning in the Melbourne School of Population Health (MSPH). In 2011 CHPPE played major role in the implementation of the MSPH flagship Master of Public Health (MPH) program. Our teaching staff was actively involved in the development of the structure and content of the new MPH, with Professor David Dunt, Dr Arthur Hseuh and Ms Rosemary McKenzie sitting on the MPH Working Group to develop the program. Enrolments in the new MPH were high, and in the subjects offered by CHPPE a record number of students participated. The CHPPE short course on evaluation has continued to attract many health agencies and professionals from across Australia, and Founding Head of the Centre, Professor Dunt, contributed to curriculum development of the graduate medical degrees in the MDHS. Our teaching profile is high, based on growing demand for advanced training in policy, program evaluation and economic evaluation. CHPPE has an experienced and passionate teaching team who draw upon the research interests and expertise within the Centre to make learning materials relevant and applied. In doing so, CHPPE’s teaching activities link research and learning, facilitating knowledge transfer and translation.

**Master of Public Health**

The MPH has been the principal teaching program for the Centre since 1996. Health economics, economic evaluation and health program evaluation have been the key teaching areas, with more recent additions in health policy, health systems, foundations of public health and public health leadership and management. CHPPE has significant responsibilities in delivering three of the six core subjects in the new MPH, coordinating Foundations of Public Health and Public Health Leadership and Management (shared with the Nossal Institute for Global Health (NIGH), and the capstone subject Public Health in Practice, to commence in 2012. CHPPE offers the following electives in the MPH: Health Program Evaluation 1 and 2, Research Project in Health Program Evaluation, Health Economics 1 and 2, Economic Evaluation 1 and 2, Research Project in Economic Evaluation/Health Economics, Health Systems, and Health Policy, with contributions to the core subject Surveys and Qualitative methods by CHPPE tutoring and lecturing staff. Four elective subjects have been discontinued in the new MPH – Environmental Health Service Evaluation, Health Services Research 1; Methods in...
Evaluating Health Services; and Using Evaluation in Program Design. In keeping with the overall growth in MSPH MPH enrolments, enrolments in core and elective subjects taught by ChPPE in 2011 were strong, as shown in Table 1.

Teaching team
Dr Hsueh once again led the health economics and economic evaluation stream in 2011 and assumed joint coordination of the core subject Public Health Leadership and Management with Dr Tim Moore, from the NiGH. Dr Hsueh is supported by Mr Steve Crowley and Mr Andrew Dalton in teaching the health economics and economic evaluation stream.

Ms McKenzie coordinated the health program evaluation stream, and became coordinator of the new core subject Foundations in Public Health in 2011. Professor Dunt, Dr Hsueh and Dr Helen Jordan contribute to teaching of Foundations of Public Health along with senior staff from across MSPH, making this a truly “whole of School” subject in which ChPPE has a leadership role.

Dr Jordan coordinated and delivered Health Systems and Health Policy, along with her management and delivery of the popular short course in health program evaluation.

CHPPE is committed to developing the teaching skills of research staff and recognises the valuable depth and currency that research staff interests bring to teaching content. In 2011 the following research staff contributed to teaching: Associate Professor Margaret Kelaher, Dr Cathy Segan, Ms Theonie Tacticos, Ms Michelle Williamson, Mr Peter Feldman, Ms Kristen Moeller-Saxone (PhD candidate), Ms Angeline Ferdinand, Dr Bridget Bassilios, Ms Justine Fletcher, Dr Katherine Ong, Ms Catherine Keating, Ms Chiara Mariano and Ms Allison Yates (PhD candidate).

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>2011</th>
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<tbody>
<tr>
<td>Economic Evaluation 1</td>
<td>19</td>
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<td>Economic Evaluation 2</td>
<td>12</td>
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<tr>
<td>Health Economics 1</td>
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<tr>
<td>Health Economics 2</td>
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<tr>
<td>Research Project in Health Economics</td>
<td>7</td>
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<tr>
<td>Health Program Evaluation 1</td>
<td>48</td>
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<tr>
<td>Health Program Evaluation 2</td>
<td>28</td>
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<tr>
<td>Research Project in Health Program Evaluation</td>
<td>15</td>
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<tr>
<td>Australian Health Systems/Health Systems</td>
<td>45</td>
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<tr>
<td>Foundations of Public Health¹</td>
<td>100</td>
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<tr>
<td>Health and Public Policy/Health Policy</td>
<td>36</td>
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<tr>
<td>Total enrolments</td>
<td>348</td>
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¹ New subject in 2011 - enrolments consisted of 71 MPH and 29 Master of Speech Pathology students

Teaching responsibilities 2011
- Economic Evaluation 1: Dr Arthur Hsueh/Mr Steve Crowley (Subject Coordinators)
- Economic Evaluation 2: Mr Steve Crowley (Subject Coordinator)
- Foundations of Public Health: Ms Rosemary McKenzie (Subject Coordinator)
- Health Economics 1 and 2: Dr Arthur Hsueh (Subject Coordinator)
- Health Policy: Dr Helen Jordan (Subject Coordinator)
- Health Program Evaluation 1 and 2: Ms Rosemary McKenzie (Subject Coordinator)
- Health Systems: Dr Helen Jordan (Subject Coordinator)
- Research Project in Health Economics: Dr Arthur Hsueh (Subject Coordinator)
- Research Project in Health Program Evaluation: Ms Rosemary McKenzie (Subject Coordinator)

Research projects in Economic Evaluation and Health Program Evaluation
The MPH research project streams in Health Economics/Economic Evaluation and Health Program Evaluation maintained high enrolments as in previous years, reflecting the vocational value students place on these skills in public health. Students undertook research projects with an applied focus across a broad range of topics of significance in public health. In 2011 six students completed a research project in economic evaluation and eleven completed a research project in program evaluation. Research
projects were of a high standard and contributed to health program improvement in Australia and overseas.

Partnerships with local public health agencies and service providers have generated excellent learning opportunities for research project students. In 2011 collaborative research projects were undertaken with the Women’s Information and Referral Service at the Royal Women’s Hospital, the Health and Well-being Service of the University of Melbourne, the Youth Support and Advocacy Service and Secondbite, a food rescue organisation. CHPPE greatly values these opportunities for collaboration, professional learning and knowledge exchange.

Students completed research projects on the following topics, with teaching and research staff providing supervision, supported by field supervisors in health organisations where appropriate:

**Economic Evaluation Research Project Completions**

**Rory Atchison**, supervisor Mr Andrew Dalton. The health economic drivers of geographical variations in hospital utilisation in an Australian Private Health Insurance population.

**James Gav**, supervisor Mr Steve Crowley, co-supervisor Professor Fiona Newall. The methodological issues of identifying, measuring and valuing productivity costs associated with health care interventions – an applied approach.


**Kah Ling Sia**, supervisor Mr Andrew Dalton. What are the economic impacts of diabetes incentive payment? [protocol].


**Health Program Evaluation Research Project Completions**

**Sk Billah**, supervisor Ms Rosemary McKenzie, co-supervisor Ms Rebecca Lindberg (Secondbite). An Evaluation of Secondbite Community Connect Program for rescue and redistribution of local fresh surplus food to people with high risk of food insecurity.

**Kathryn Helen Hale**, supervisor Dr Cathy Segan, co-supervisor Ms Jacinta Waters, Manager, Women’s Health Information Centre and Well Women’s Services, The Women’s Hospital. An Evaluation of the Women’s Health Information Centre (WHIC).

**Christine Mary Hallinan**, supervisor Professor David Dunt. Pap Nurses – where has all the screening gone? An evaluation of the general practice Pap nurse initiatives and their impact on cervical screening activity in the general practice arena.

**Melanie Jeyasingham**, supervisor Professor David Dunt.

Evaluation of the uptake and utilisation of eTG complete through the Practice Incentives Program (PIP) eHealth Incentive.

**Fiona Lange**, supervisor Ms Rosemary McKenzie, co-supervisor Professor Hugh Taylor. A Formative Evaluation of the Trachoma Story Kit in the Katherine West Health Board.

**Diamay Raquel Menezes**, supervisor Dr Bridget Bassilios, co-supervisor Dr Jonathan Norton (director, Health and Wellbeing Services, University of Melbourne). Evaluation of the Health University Website.


**Rebecca Stanley**, supervisor Dr Penny Mitchell, co-supervisor Ms Rosemary McKenzie. A formative evaluation of the reach of the Youth Support Service at the Youth Support and Advocacy Service (YSAS).


As in previous years, teaching coordinators are indebted to Ms Joy Yeadon, who provided comprehensive administrative support across all subjects and short courses. Ms Tracey Mayhew’s management of teaching budgets and staffing is similarly much appreciated. Professional staff contributions are a vital part of teaching and learning in CHPPE.

**Research Higher Degree Students**

There were 18 PhD students enrolled in 2011. Dr Katherine Ong and Dr Michael Otim were awarded their PhD’s during 2011 and Ms Pauline Van Dort was awarded her MPhil.

**Dr Katherine Ong**, supervisor Professor Robert Carter, co-supervisors Professor lan Anderson and Associate Professor Margaret Kelaher. A method for incorporating vertical equity for disadvantaged groups into health economic evaluations: Cost based equity weights applied to the Australian Aboriginal and Torres Strait Islander population.

**Dr Michael Otim**, supervisor Associate Professor Margaret Kelaher, co-supervisors Professor lan Anderson, Professor Robert Carter and Associate Professor Chris Doran. Priority Setting in Health: Contextualising the Program Budgeting and Marginal Analysis (PBMA) in Indigenous Health.

**Ms Pauline Van Dort**, supervisor Professor David Dunt, co-supervisor Dr Susan Day. An Exploration of the Model of Reciprocal Determinism in an Aged Care Environment.

**Short Courses**

The short course in Health Program Evaluation: Scoping the Evaluation is coordinated and delivered by Dr Helen Jordan, a
CHPPE undertakes evaluations of health programs and policies at international, national, state and local levels. Since its establishment, CHPPE has attracted over $67 million in funding from key granting bodies such as the National Health and Medical Research Council (NHMRC), Australian Research Council (ARC) and from organisations such as Commonwealth and state/territory health departments that fund contract research. Over half of this funding has come directly to CHPPE and the remaining funding has been shared with collaborating agencies.

During 2011, $8.9 million in collaborative research funding was received with almost half directly by CHPPE.

Since 2007, CHPPE has focused its research around four work streams: Health Economics, Law and Public Health, Mental Health and Primary Care.

Details of new and existing research activities are set out here under the four work streams, including major grants awarded.
HEALTH ECONOMICS

The Health Economics Work Stream includes health economics in general and economic evaluation in particular. In 2011, the research focused on economic evaluation.

The following new projects commenced in 2011.

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Associate Investigator</th>
<th>Description</th>
<th>Funding</th>
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<tr>
<td>A telehealth mediated nursing – Patient Remote Intervention and Symptom Management System (PRISMS) – to enable patient monitoring and self-care in haematological cancer patients: a randomised controlled trial.</td>
<td>National Health and Medical Research Council (NHMRC).</td>
<td>Professor Sanchia Aranda, Associate Professor Penelope Schofield, Professor Nora Kearney, Dr Sibilah Breen, Associate David Ritchie, Professor Nick Santamaria.</td>
<td>Dr Arthur Hsueh.</td>
<td>This funded study employs a randomised controlled trial to test a novel telehealth-mediated nurse led intervention – Patient Remote Intervention and Symptom Management System (PRISMS) – to enable real-time monitoring and better management of chemotherapy (CTx) side-effects in haematological cancer patients. This study also collects related cost data to enable modelling of the cost-effectiveness of this system.</td>
<td>$896,437 ($15,000 to ChPPE).</td>
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<tr>
<td>Measuring the cost of human morbidity and mortality in consequence assessment of zoonotic infections in biosecurity.</td>
<td>Australian Centre of Excellence for Risk Analysis.</td>
<td>Professor David Dunt, Dr Helen Jordan.</td>
<td></td>
<td>This project involved researching, reporting and developing recommendations for the Australian Government Department of Agriculture, Fisheries and Forestry on the methods available for measuring the monetary and non-monetary cost of human morbidity and mortality for use in consequence assessment of zoonotic infections.</td>
<td>$36,000.</td>
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Other existing research activities carried over from previous years included:

- The impact of Chlamydia on the health and health care system of Victorians – an analysis of available data.
- Spinal cord injury and physical activity (SCIPA) – a nation-wide random controlled trial across Australia and New Zealand.
- Closing the gap of vision loss between Indigenous and non-Indigenous Australians – studies on barriers of eye health care utilisation and setting cost-effective strategies.

LAW & PUBLIC HEALTH

In 2011, the Law and Public Health group (LPH) continued work on projects addressing the following topics at the intersection of the health and legal systems:

- The health effects of compensation systems.
- Complaint prone doctors.
- Disciplinary actions against doctors.
- Public health recommendations by Australian coroners.
- The epidemiology of inquests.
- Disputes over informed consent.
- Taxonomies for health care complaints.
- Litigation against nursing homes.
- Health care fraud.
- “Evergreening” of pharmaceutical patents.

The LPH group continued to provide advisory services to several key agencies, including Australia’s eight state and territory health service commissioners, the Australian Health Practitioner Regulation Agency and the Coroners Court of Victoria.

Professor David Studdert was successful in winning an ARC Laureate Fellowship. The Fellowship will be used to continued to support and grow the work of the LPH group over the next five years.
The Law and Public Health group launched two new externally-funded projects, detailed below:

**Health Effects of Compensation (HECs) Study.**

**Funding Body:** Institute for Safety, Compensation and Recovery Research (ISCRR) via Monash University.

**Chief Investigator:** Professor David Studdert. Other Investigators: Ms Genevieve Grant, Associate Professor Meaghan O’Donnell (Australian Centre for Posttraumatic Mental Health), Dr Matthew Spittal.

**Description:** This project will examine the relationship between the personal experiences of claimants to injury compensation schemes and their injury recovery trajectory. It will do this by extending an existing NHMRC-funded project, the Injury Vulnerability Study (IVS).

**Funding:** $483,039

**Clinical governance and quality of care.**

**Funding Body:** Victorian Managed Insurance Authority (VMIA) and The Victorian Healthcare Association (VHA).

**Chief Investigators:** Professor David Studdert, Dr Marie Bismark.

**Description:** Good hospital governance is an important part of delivering safe, high quality health services. This project aims to describe the activities and attitudes of Victorian public hospital boards in relation to the governance of quality, safety and clinical risk management issues and to analyse the association with hospital performance.

**Funding:** $241,000

Other existing research projects carried over from previous years are:

- Learning from Preventable Deaths: A prospective evaluation of reforms to Coroners’ recommendation powers in Victoria.
- Rehabilitation and Compensation for Injured Workers: A Review of the Australian Schemes.

**MENTAL HEALTH**

The Mental Health Work Stream continues to conduct internationally-recognised projects in the area of mental health and suicide prevention, under the leadership of Professor Jane Pirkis.

In 2010 the MIND Australia Board decided that the organisation’s commitment to research and evaluation should be initiated through a partnership with the University of Melbourne, through CHPPE. This enabled the three-year appointment of a Director of Research, Dr Lisa Brophy, who is employed by the University of Melbourne as a senior research fellow. Dr Brophy commenced her position with CHPPE and MIND on 31 January 2011 and has worked to place research at centre stage within MIND. A Research Reference Group has been established, made up of a combination of MIND staff, Board members, other service providers and academics with a range of relevant expertise. The group has assisted in the development of the MIND Research and Evaluation Framework. The framework provides an overview of MIND’s research and evaluation priorities over the next three years. It establishes a planned approach to research and evaluation. To celebrate the achievements in research and the partnership with the University of Melbourne, the Hon Mary Wooldridge, MP, Minister for Mental Health, Women’s Affairs and Community Services, launched the MIND Research and Evaluation Framework at a function on 30 November 2011.

Several projects were completed in 2011. Professor Pirkis, Dr Maria Ftanou, and Ms Shelby Williamson conducted an evaluation of the Better Access initiative, collaborating with Ms Meredith Harris (from the University of Queensland) and seeking expert assistance from Dr Anna Machlin and Ms Jo Christo. The evaluation involved a study of outcomes for consumers who were seen by Better Access providers (GPs, psychologists, social workers and occupational therapists), and an examination of Medicare and other relevant data. The success of this project led to Professor Pirkis and Dr Ftanou (along with Ms Harris and Professor Wayne Hall from the University of Queensland) being awarded a second contract to bring together data from these and other components of the evaluation into a summative report. Professor Pirkis, Ms Anne Lockley and Ms Williamson (along with Ms Jo Robinson from Orygen youth health Research Centre) developed two evidence-based suicide prevention resources, one on suicide hotspots and the other on suicide clusters.

A number of previously-funded projects continued throughout the year. Professor Pirkis continued to conduct a program of work concerned with suicide prevention through her NHMRC Senior Research Fellowship, and maintained her involvement with the Australian Mental Health Outcomes and Classification Network. Ms Justine Fletcher, Dr Bridget Bassilos, Dr Kylie King, Mr Lennart Reifels and Professor Pirkis continued to work on the ongoing evaluation of the Better Outcomes in Mental Health Care program, attracting additional funding for the evaluation of some recent modifications to the program. Professor Pirkis and Dr Anna Machlin
continued to collaborate with colleagues from Sydney (Professor Simon Chapman) and Canberra (Professor Warwick Blood) to develop the Australian Health News Research Collaboration.

Several new projects began in 2011. Professor Pirkis, Dr Matt Spittal and Professor David Studdert received an NHMRC grant for a record linkage study investigating suicide method substitution for individuals over time. Professor Pirkis, Dr Ftanou and Dr Bridget Bassilios won a contract to evaluate the Support for Day-to-Day Living in the Community program. Professor Pirkis, Mr Lennart Reifels, Dr Lucio Naccarella (Australian Health Workforce Institute) and Associate Professor Grant Blashki (Nossal Institute for Global Health) received funding from the Natural Disaster Resilience Grants Scheme to conduct the Victorian Disaster Mental Health Workforce Capacity Survey. Professor Pirkis, Ms Anne Lockley and Ms Williamson (along with Ms Jo Robinson from Orygen Youth Health Research Centre) received funding from Woollahra Council to develop a case study on the Gap Park Self-Harm Minimisation Masterplan. These new projects are described in more detail below:

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<thead>
<tr>
<th><strong>An individual-level study of suicide method substitution over time.</strong></th>
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<td><strong>Funding Body:</strong></td>
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<td><strong>Chief Investigators:</strong></td>
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<td><strong>Description:</strong></td>
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<td><strong>Funding:</strong></td>
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<th><strong>Evaluation of the Support for Day-to-Day living in the Community (D2DL) program.</strong></th>
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<td><strong>Funding Body:</strong></td>
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<td><strong>Chief Investigators:</strong></td>
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<th><strong>The Victorian Disaster Mental Health Workforce Capacity Survey.</strong></th>
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<td><strong>Funding Body:</strong></td>
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<td><strong>Chief Investigators:</strong></td>
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<td><strong>Description:</strong></td>
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<td><strong>Funding:</strong></td>
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### Case study on the Gap Park Self-Harm Minimisation Masterplan.

**Funding Body:** Woollahra Council.

**Chief Investigators:** Professor Jane Pirkis, Ms Jo Robinson, Ms Anne Lockley, Ms Shelby Williamson.

**Description:** The Gap Park Self-Harm Minimisation Masterplan was implemented in response to community, local council, police and mental health and suicide prevention agencies’ concern over the number of self-harm incidents at Sydney’s Gap Park. This case study will describe the development and implementation of the Masterplan, with a view to providing a practical example of multi-stakeholder collaboration that may assist local authorities in other locations to respond to similar situations.

**Funding:** $54,500

### Development of a Research and Evaluation Program.

**Funding Body:** MIND.

**Chief Investigators:** Professor Jane Pirkis, Dr Lisa Brophy.

**Description:** This partnership between ChPPE and MIND will develop a research and evaluation program to inform sustained improvement in the circumstances of people facing serious mental health related challenges.

**Funding:** $450,000

Existing research activities carried over from previous years:

- Summative Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule initiative.
- Development of guidelines on managing and preventing suicides at suicide hotspots, and development of a community plan for the prevention and containment of suicide clusters.
- Independent evaluation of the Mental Health Professionals Network.
- Evaluation of the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care program.
- Australian Mental Health Outcomes and Classification Network.
- Health risk screening of adolescents in primary care: A cluster randomised controlled trial.
- The Australian Health News Research Collaboration.

### PRIMARY CARE

The Primary Care Work Stream includes evaluations of projects run in general practice and other primary care settings. These projects are frequently aimed at increasing the health and wellbeing of particular consumer groups (e.g., older people, people with diabetes, people with dementia) and/or projects that have a health education focus.

2010 saw major developments in ChPPE’s involvement in evaluating and improving Aboriginal and Torres Strait Islander peoples’ health. This has continued and grown in 2011. Its focus has also expanded with a number of new studies aimed at increasing acceptance of population diversity and at reducing discrimination in other disadvantaged groups such as Culturally and Linguistically Diverse groups. In 2011 the Primary Care Work Stream was successful in attracting approximately $3.1 million in research funding in conjunction with other colleagues. Highlights for the Primary Care stream have included:

- Associate Professor Margaret Kelaher has been involved in a large number of Indigenous health studies and reducing discrimination with other colleagues (see below).
- Professor David Dunt, often in collaboration with Dr Colleen Doyle, was involved in mental health studies in a diverse range of groups, e.g. people with dementia and post-traumatic stress disorder (PTSD), with chronic obstructive pulmonary disease (COPD) and in adolescents and young adults with cancer.

The Primary Care work stream attracted funding for the following new projects that commenced in 2011:
### Fulfilling the vision of youth-friendly cancer care: How well are we meeting the psychosocial needs of AYA patients?

**Funding Body:** beyondblue, CanTeen and Cancer Australia.

**Chief Investigators:** Professor Susan Sawyer, Professor David Dunt, Associate Professor David Thomas and Dr Sarah Drew.

**Description:** This project will investigate the psychosocial needs of adolescents and young adults with cancer as a basis for developing a program logic for a proposed new development of relevant services in Australia.

**Funding:** $449,390

### Cost-effectiveness study of cognitive-behavioural therapy for people with chronic obstructive pulmonary disease and depression.

**Funding Body:** beyondblue.

**Chief Investigators:** Dr Colleen Doyle, Professor David Dunt, Professor David Ames, Dr Sunil Bahr, Professor Kay Wilhelm.

**Description:** This project will investigate the effectiveness and cost-effectiveness of cognitive-behavioural therapy for people with chronic obstructive pulmonary disease (COPD) who are depressed and/or anxious. It is significant since COPD is one of the major contributors to the burden of disease in Australia and almost half of people with COPD are depressed or anxious.

**Funding:** $220,000

### Planning, Implementation and Effectiveness (PIE) in Aboriginal and Torres Strait Islander Health Policy Reform.

**Funding body:** The Lowitja Institute, Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health.

**Chief Investigator:** Associate Professor Margaret Kelaher.

**Description:** This project builds on work we have conducted examining the planning processes underlying the implementation of the first part of the Indigenous Health National Partnership Agreements (IHNPA). This work focussed on understanding the structure of and relationships between forums/committees involved in implementing the IHNPA.

**Funding:** $249,485

### Strengthening health literacy among Indigenous people living with cardiovascular disease (CVD), their families, and health care providers.

**Funding Body:** International Collaborative Indigenous Health Research grant-NHMRC.

**Chief Investigators:** Professor Ian Anderson, Dr Matire Harwood (Tāmaki Healthcare), Dr Jennie Harré Hindmarsh (Ngati Porou Hauora), Ms Susan Reid, (The NZ Centre for Workforce Literacy), Dr Marcia Anderson (University of Manitoba), Ms Nancy Cooper (Indigenous literacy consultant), Associate Professor Margaret Kelaher, Ms Joanne Hedges (Victorian Aboriginal Health Service), Mr Chester Langille (De dwa da dehs nyes Aboriginal Health Centre), Dr Sanjeev Sridharan (Centre for Research on Inner City Health, Toronto).

**Description:** Cardiovascular disease such as heart attacks and strokes are important causes of illness and death among Indigenous people in Australia, Canada and New Zealand. Patients and families play a major role in managing heart disease and stroke. To do this well people must be able to access, understand and act on information for health. The project will work with Indigenous primary care services to develop and implement a program with patients and families that will increase knowledge of medications, increase confidence and ability to self-manage CVD, and increase empowerment in interactions with health workers.

**Funding:** $2,003,679
The Development of an Evaluation Framework for the Centre of Research Excellence in Translational Neuroscience.

**Funding body:** The NMHRC Centre of Research Excellence (CRE) in Translational Neuroscience

**Chief Investigators:** Professor David Dunt, Dr Susan Day.

**Description:** This project will develop an evaluation framework for the CRE in Translational Neuroscience that will primarily assess the impact and outcomes of the CRE. It will particularly consider the electronic platforms and biobanking resources of the CRE alongside the development of best practice guidelines, new translational clinical programs among general practitioners as well as economic modelling of the impacts of new clinical programs.

**Funding:** $42,623

Provision of Research and Evaluation Framework for *healthdirect* After Hours GP Helpline.

**Funding body:** National Health Call Centre Network.

**Chief Investigators:** Professor David Dunt, Ms Rosemary McKenzie

**Description:** This project will develop an evaluation framework for the *healthdirect* After Hours GP Helpline. The GP helpline can be accessed through ringing the general *healthdirect* nurse triage and advice telephone. Depending upon the complexity of the call, the duty nurse may elect to refer the caller to the GP Helpline. It is an important new service development that extends the options available to potential patients seeking after hours primary medical care.

**Funding:** $49,848

Study of the work activities and goals of case managers involved in the care of the frail aged in the community.

**Funding body:** Faculty of Medicine Dentistry and Health Sciences, University of Melbourne.

**Chief Investigators:** Ms Emily You, Professor David Dunt, Dr Colleen Doyle, Dr Arthur Hsueh.

**Description:** This project will conduct a survey of case managers about their work activities. A secondary analysis of the EACH-D dataset conducted as part of the Evaluation of the National Dementia Initiative will be conducted to identify factors associated with higher use of case managers as well as aged care health services more generally. Focus groups of case managers will also be conducted to better understand their goals in providing services as well as the barriers that impede the full achievement of these.

**Funding:** $71,184

Existing research activities carried over from previous years included:

- Behavioural and psychological symptoms of dementia in veterans research: Exploring the influence of post-traumatic stress disorder and wartime experiences.
- Indigenous Chronic Disease Program: Sentinel Sites.
- The role of planning processes in implementing national Partnership Agreements in Indigenous health: Understanding process and evaluating effectiveness.
- Evaluation of the Bilingual Staff at the Women’s Project.
- Evaluation of the National Dementia Initiative.
- VicHealth Research Practice Leader Grant – Ethnic and Race Based Discrimination.
- A study of a family-centred smoking control program to reduce respiratory illness in Indigenous infants.
- Culturally appropriate diabetes care in mainstream general practice for urban Aboriginal and Torres Strait Islander people.
- Evaluation of the Community Arts Development Scheme.
- Evaluation of surveillance programs for nosocomial infection in long-term aged care facilities.
- Study of the work activities and goals of case managers involved in the care of the frail aged in the community.
- Evaluation of beyondblue, the national depression initiative.
- Randomised controlled trial of narrative therapy as a self-management modality in the management of Type 2 diabetes.
OTHER RESEARCH

Professor Jane Pirkis co-led a successful tender to conduct the Australian Longitudinal Study on Male Health with Professor Dallas English from the Centre for Molecular, Environmental, Genetic and Analytic (MEGa) Epidemiology.

Australian Longitudinal Study on Male Health.

Funding Body: Department of Health and Ageing.

Chief Investigators: Professor Dallas English, Professor Jane Pirkis.

Description: The Australian Longitudinal Study on Male Health (Ten to Men) will provide an up-to-date epidemiological picture of male health and males’ use of health (and other) services and its longitudinal design will allow various risk and protective factors to be identified and studied. Ten to Men will recruit a cohort of 58,000 males aged 10-55 years (oversampling rural males and males aged 10-17), using a combination of three potential sampling approaches (sampling through Medicare Australia, schools and/or the electoral roll). Separate survey instruments will be developed for Wave 1 – one for males aged 10-15, one for males aged 16-17 and one for males aged 18-55. The content of all three Wave 1 instruments will elicit information about health status, risk and protective factors that may influence health, health (and other) service use and health literacy. Wave 1 will be conducted as a face-to-face interview for males aged 10-15, and as a postal survey with the option of an online version for males aged 16-17 and 18-55.

Funding: $6,888,120

COMMUNITY ACTIVITIES

During 2011 CHPPE staff continued to be active in the wider community as members of important advisory committees, reviewers of potential articles for a variety of refereed journals and assessors of grant applications.

Further details of community activities are below:

Committee Memberships

Dr Bridget Bassilios

Dr Lisa Brophy
- Community Member, Mental Health Review Board of Victoria (Ministerial appointment).
- Member, Expert Advisory Group for the review of The Mental Health Act, 1986 (Ministerial appointment).
- Member, Australian Association of Social Workers Ethics Pool.

Professor David Dunt
- Member, Australian Defence Forces Health Advisory Committee.
- Member, ADF Mental Health and Well-being Prevalence Standing Advisory Committee.
- Member, Australian Defence Forces Mental Health Advisory Group Meeting.

Ms Genevieve Grant
- Community Member, Forensic Leave Panel.

Associate Professor Margaret Kelaher
- Executive of Health Services Research Association of Australia.
- Member, Australian Psychological Society.
- Member, International Epidemiology Association.

Professor Jane Pirkis
- Member, Scientific Committee, 16th International Association for Suicide Prevention World Congress.

Dr Matthew Spittal
- Member, Queensland Health Suicide Prevention Roundtable. Queensland, September.

Professor David Studdert
- Member, Scientific Advisory Committee, Institute for Safety, Recovery and Compensation.
- Member, Victorian Data Linkages Steering Committee, Department of Health, Victoria.

Member of Editorial Boards, Referee and Assessor Services for Journals and Grant Applications

Grant Bodies

Professor David Dunt
- Member, National Health and Medical Research Council Grant Review Panel.

Professor Jane Pirkis
- Member, National Health and Medical Research Council Grant Review Panel.

Professor David Studdert
- Reviewer, Australian Research Council (ARC).

Journals

Mr Andrew Dalton
- Reviewer, Medical Journal of Australia.
- Reviewer, Value in Health.

Professor David Dunt
- Associate Editor, Family Practice.
- Reviewer, Family Practice.
- Reviewer, BMC Family Practice.
• Reviewer, BMC Health Services Research.
• Reviewer, Health Promotion International.
• Reviewer, European Journal of General Practice.

Associate Professor Margaret Kelaher
• Member, Editorial Board BMC Health Services.

Professor Jane Pirkis
• Member, Editorial Board, Crisis.
• Member, Editorial Board, International Journal of Mental Health Systems.
• Reviewer, American Foundation for Suicide Prevention.
• Reviewer, Telematics Trust.
• Reviewer, Australian and New Zealand Journal of Psychiatry.
• Reviewer, Journal of Affective Disorders.
• Reviewer, Health Policy and Planning.
• Reviewer, Crisis.
• Reviewer, Social Psychiatry and Psychiatric Epidemiology.

Dr Catherine Segan
• Reviewer, Addiction.

Dr Matthew Spittal
• Reviewer, Tobacco Control, Addiction, Environment and Behaviour.

Professor David Studdert
• Reviewer, The Lancet.
• Reviewer, Science.
• Reviewer, New England Journal of Medicine.
• Reviewer, Journal of the American Medical Association (JAMA).
• Reviewer, Medical Journal of Australia.
• Reviewer, British Medical Journal.
• Reviewer, Health Affairs.

Other

Associate Professor Margaret Kelaher
The study ‘Post Separation Parenting arrangements and Developmental Outcomes for Infant’s and Children’, funded by the Attorney-General’s Department, has informed a number of media articles.


Ms Kristen Moeller-Saxone
• Collaboration with Western Region Health Centre on ‘A Burning Issue: Tobacco and Mental Health’ project.

Professor David Studdert
• Provision of ongoing advice to key agencies: the Australian health services commissioners, the Coroners Court of Victoria, and the Australian Health Practitioner Regulation Agency.

Professor Jane Pirkis
• Various media contributions concerning the Better Access initiative (e.g., interviewed by Norman Swan for the Health Report, 24 March).

Dr Catherine Segan
• Provided advice regarding smoking and pregnancy to the National Tobacco Campaign’s media strategy group.

CONFERENCE AND PUBLIC PRESENTATIONS

International conferences


SEMENAR PROGRAM

Once again, the Centre’s lunchtime Seminar Series, which is open to all colleagues and the general public, proved to be extremely successful. The seminar topics are chosen to highlight current and key aspects of the Centre’s Research Program.

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<td>1 April</td>
<td>Ms Cathy Mihalopoulos</td>
<td>PhD Completion Seminar: the Cost-Effectiveness of Preventive Interventions for Mental Disorders.</td>
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<tr>
<td>27 May</td>
<td>Ms Genevieve Grant</td>
<td>Valuing Injury, measuring lives: Judicial evaluations of the life impacts of injury.</td>
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<td>15 June</td>
<td>Dr Cathy Segan</td>
<td>Tailoring Victoria’s Quitline service for smokers with depression.</td>
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<td>29 July</td>
<td>Ms Christine Campbell</td>
<td>A randomised controlled trial evaluating the effect of patient narrative on self-efficacy and self-care behaviour in people with type 2 diabetes – stage 1 findings.</td>
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<td>26 August</td>
<td>Ms Theonie Tacticos</td>
<td>Bringing together top-down and bottom-up: a locality focus to reducing disadvantage.</td>
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<td>30 September</td>
<td>Dr Colleen Doyle</td>
<td>The Impact of War Experiences on Dementia in Veterans.</td>
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<td>4 November</td>
<td>Mr Lennart Reifels</td>
<td>The Victorian Disaster Mental Health Workforce Capacity Survey: Examining the State of Victoria’s Disaster Preparedness (Project Overview).</td>
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Pirkis, J. (2011). *Which suicides are reported in the media?* 26th International Association for Suicide Prevention World Congress, Beijing, China, 15 September.


International Seminar Presentations


National Conferences


Campbell, T. (2011). *A randomised controlled trial evaluating the effect of patient narratives on self-efficacy and self-care behaviours in people with type 2 diabetes – stage 1 findings.* Australian Disease Management Association 7th Annual Conference
‘Partnerships for Chronic Care – Patients, Services, Policy’, Canberra, 25-26 August.


Workshop Presentations

Poster Presentations


Seminar Presentations


Other Presentations


PUBLICATION HIGHLIGHTS
The Centre for Health Policy, Programs and Economics published 59 journal articles, book chapters, major reference works, and reports including 43 peer reviewed journal articles in 2011. A selection of 2011 peer reviewed journal articles are provided below. For details of all 2011 CHPPE publications please refer to the full school Publications Report.


Objective: To identify characteristics of doctors who are repeated subjects of complaints by patients.

Design and setting: Case-control study of doctors about whom patients had complained to the Victorian Health Services Commissioner between 1 January 2000 and 31 December 2009.

Participants: 384 doctors in private practice; cases comprised 96 doctors who were the subject of four or more separate complaints; and the control group comprised 288 doctors who were the subject of a single complaint over the study period.

Results: Among doctors in private practice in Victoria, 20.5% (95% CI, 19.7%-21.3%) experienced at least one complaint over the decade. Among doctors who were the subject of a complaint, 4.5%
(95% CI, 3.6%-5.4%) had four or more complaints, and this group accounted for 17.5% (95% CI, 16.3%-19.0%) of all complaints to the Victorian Health Services Commissioner. Multivariate analyses showed that surgeons (odds ratio [OR], 8.90; 95% CI, 3.69-21.50) and psychiatrists (OR, 4.59; 95% CI, 1.46-14.43) had higher odds of being in the complaint-prone group than general practitioners. Doctors trained overseas had lower odds of being complaint-prone than those trained in Australia (OR, 0.31; 95% CI, 0.13-0.72).

Conclusions: A small group of doctors in private practice in Victoria account for nearly 18% of complaints. Interventions to improve patient satisfaction and public confidence in health services should target complaint-prone subgroups of practitioners.


Abstract: The aim of this paper is to study the effects of factors broadly captured under the rubric of parental social and cultural capital on child health. The setting was 11 disadvantaged communities in Victoria during the conduct and evaluation of Best Start, an early childhood initiative of the Victorian State Government. Questionnaires were sent to parents of three-year-old children in 2004 and 2006. The principal dependent variable was parental global rating of their child’s health. Social capital variables focused, for example, on community support for parent’s child rearing practices. Cultural capital variables focused, for example, on parent’s reading to their child. Socio-economic status and other potential confounding variables were also measured. Stepwise multivariable logistic regression was used. There were consistent independent effects for the cultural capital variables — ‘Age started reading to the child’ and ‘Confident being a good parent’, and only one of a number of social capital variables — ‘Community support for childrearing’ as well as for some other variables particularly that ‘Child had a chronic health/medical condition’. Dichotomizing parent’s global ratings of their child’s health differently had some effects on results. Cultural capital and, to a lesser extent, social capital variables were associated with parent’s rating of the child’s health. It is now timely to conduct and evaluate programs aimed at improving parents’ cultural capital. Better measures or inventories of parent’s cultural capital will be essential for this.


Background: Australia’s Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative involves a series of Medicare Benefits Schedule (MBS) item numbers that offer a rebate for selected services delivered by eligible clinicians. There has been considerable debate about the appropriateness and effectiveness of Better Access, much of which has been based on limited evidence. The current paper contributes to this debate by presenting the findings of a study which profiled the clinical and treatment characteristics of Better Access patients and examined the outcomes of their care.

Method: We approached a stratified random sample of providers who had billed for at least 100 occasions of service under the Better Access item numbers in 2008 (509 clinical psychologists, 640 registered psychologists, 1280 GPs) and invited them to participate. Those who agreed were asked to recruit 5-10 Better Access patients according to a specific protocol. We collected data that enabled us to profile providers, patients and sessions. We also collected pre- and post-treatment patient outcome data, using the Kessler-10 (K-10) and the Depression Anxiety Stress Scales (DASS-21).

Results: In total, 883 patients were recruited into the study (289 by 41 clinical psychologists, 317 by 49 registered psychologists and 277 by 39 GPs). More than 90% of participating patients had diagnoses of depression and/or anxiety (compared with 13% of the general population). More than 80% were experiencing high or very high levels of psychological distress (compared with 10% of the general population). Almost half of all participating patients had no previous history of mental health care. Patients experienced statistically significant improvements in average K-10 and DASS-21 scores from pre- to post-treatment.

Conclusions: The findings suggest that Better Access is playing an important part in meeting the community’s previously unmet need for mental health care.


Objectives: To report smokers’ evaluations and uptake of Quitline-doctor comanagement of smoking cessation and depression, a key component of the Victorian Quitline’s tailored call-back service for smokers with a history of depression and to explore its relationship to quitting success.

Design, participants and setting: Prospective study followed Quitline clients disclosing doctor-diagnosed depression (n = 227). Measures were taken at baseline (following initial Quitline call), post-treatment (two months) and six months from recruitment (77% and 70% response rates, respectively).

Main outcome measures: Uptake of comanagement (initiated by fax-referral to Quitline), making a quit attempt (quit for 24 hours), sustained cessation (> 4 months at 6-month follow-up).

Results: At two-month follow-up, 83% thought it was a good idea to involve their doctor in their quit attempt, 74% had discussed quitting with their doctor, and 43% had received comanagement. In all, 72% made a quit attempt, 37% and 33% were abstinent post-treatment and at six months, respectively, and 20% achieved sustained cessation. Among participants who discussed quitting with their doctor, those receiving comanagement were more likely to make a quit attempt than those who did not receive comanagement (78% vs 63%). Participants with comanagement
also received more Quitline calls (mean 4.6 v 3.1) – a predictor of sustained cessation. Exacerbation of depression between baseline and six months was reported by 18% of participants but was not related to cessation outcome.

**Conclusion:** Quitline-doctor comanagement of smoking cessation and depression is workable, is valued by smokers, and increases the probability of quit attempts. Smoking cessation did not increase the risk of exacerbation of depression.


**Background:** It is unclear whether high-quality health care institutions are less likely to be sued for negligence than their low-performing counterparts.

**Methods:** We linked information on tort claims brought against 1465 nursing homes between 1998 and 2006 to 10 indicators of nursing home quality drawn from two US national data sets: the Online Survey, Certification, and Reporting system and the Minimum Data Set Quality Measure/Indicator Report. We tested for associations between the incidence of claims and the quality measures at the facility calendar-quarter level, correcting for facility clustering and adjusting for case mix, ownership, occupancy, year, and state. Odds ratios were calculated for the effect of a change of 1 SD in each quality measure on the odds of one or more claims in each facility calendar-quarter.

**Results:** Nursing homes with more deficiencies (odds ratio, 1.09; 95% confidence interval [CI], 1.05 to 1.13) and those with more serious deficiencies (odds ratio, 1.04; 95% CI, 1.00 to 1.08) had higher odds of being sued; this was also true for nursing homes that had more residents with weight loss (odds ratio, 1.05; 95% CI, 1.01 to 1.10) and with pressure ulcers (odds ratio, 1.09; 95% CI, 1.05 to 1.14). The odds of being sued were lower in nursing homes with more nurse’s aide-hours per resident-day (odds ratio, 0.95; 95% CI, 0.91 to 0.99). However, all these effects were relatively small. For example, nursing homes with the best deficiency records (10th percentile) had a 40% annual risk of being sued, as compared with a 47% risk among nursing homes with the worst deficiency records (90th percentile).

**Conclusions:** The best-performing nursing homes are sued only marginally less than the worst-performing ones. Such weak discrimination may subvert the capacity of litigation to provide incentives to deliver safer care.

**STAFF**

CHPPE comprises 35 full time and part time staff, consisting of 32 Academic and three Professional staff. The Centre also has 13 honorary staff members.

Two new staff joined the centre in 2011.

**Dr Lisa Brophy.** Dr Brophy commenced with the Centre in January as a Senior Research Fellow and Director of Research, MiND. This appointment is a result of a partnership between the Centre and MiND to develop research and evaluation program that will inform sustained improvement in the circumstances of people facing serious mental health related challenges.

**Ms Genevieve Grant.** Ms Grant joined the Law and Public Health group as a research fellow on the Health Effects of Compensation (HECs) Study. This project will examine the relationship between the personal experiences of claimants to injury compensation schemes and their injury recovery trajectory.

Please refer to the School Summary Report for a full list of staff.