Third Evaluation of the Australian Childhood Immunisation Register

June 2003

KEY SUMMARY

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Introduction

This document is a key summary of the Third Evaluation of the Australian Childhood Immunisation Register (ACIR) Report prepared by Oceania Health Consulting and edited by the Australian Government Department of Health and Ageing.

The ACIR is the childhood immunisation database that the Health Insurance Commission (HIC) maintains on behalf of the Australian Government Department of Heath and Ageing (DoHA).

The terms of reference for this evaluation were:

1. To review the operations of the HIC in relation to meeting the selected performance indicators from the ACIR Schedule to the Strategic Partnership Agreement;

2. To review the governance of the ACIR by the ACIR Management Committee and the Registrar of Immunisation and provide advice on whether this is the most effective means of governance; and

3. To review the arrangements and operations of the ACIR Field Officer positions.

The evaluation report confirms that the ACIR is a highly effective program and makes 21 recommendations to enhance its operations. The recommendations are at Attachment A.

The evaluation was conducted with the assistance of a steering group, consisting of:

- DoHA (two members including the Chair);
- One member from each of the following:
  - the National Immunisation Committee;
  - National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases;
  - General Practice Immunisation Incentives Advisory Group; and
  - Consumers' Health Forum of Australia.

Acknowledgment is also given to the HIC for their contribution to the evaluation.

Performance Indicators

The current performance Indicators (PIs) were considered in the report and found to be adequate. It was noted that the PI target for Supplementary Identification Numbers is consistently met and it was recommended that the target be reduced to half the present level. The report identified the need for measures to increase electronic lodgement of data and to monitor Medicare enrolment and data lodgement lag times and Family Assistance Office linkages. The evaluation also identified a need for several PIs that relate to the process of setting priorities for changes to the ACIR.

Governance

The key issues relating to governance considered in the report were the roles of the Management Committee and of the Registrar, and it was found that there is a continuing role for both.

The report recommended that the Terms of Reference for the Management Committee change to emphasise the priority setting and strategic direction/planning roles. A three year rotation of non-Australian Government members was recommended in the report to continue to bring new ideas for ACIR improvements and phase the introduction of new members to ensure corporate history is not lost. The report also recommended the appointment of a Consumer Representative.

The report indicated that the original intention of the Registrar was no longer clear. Although the Registrar remains an important role for the ACIR's operation, the role needs to be clarified.

ACIR Field Officers

The Field Officers were found to be successful in supporting the ACIR and also the General Practice Immunisation Incentives Scheme. The report outlined the Field Officers' contributions and the importance of the positions in the future due to a constantly changing immunisation environment. For example, future changes include the introduction of new Immunisation Handbooks, changing of General Practice Immunisation Incentives targets and HIC Online.

There is strong support to retain the Field Officers on a permanent basis. However, there is little support from Jurisdictions to make any funding contributions to the Field Officer Project.

Other Key Issues

Other key issues considered in the report were specialist data management expertise for the ACIR, demonstrated cost effectiveness and strategic planning.

ATTACHMENT A

List of Recommendations

1. The performance indicator relating to the number of Supplementary Identification Numbers in any jurisdiction be reviewed by the Management Committee and set at half the present level.
2. The HIC, the DoHA and the Management Committee identify measures to increase electronic lodgement of ACIR data in the short to medium term.
3. The Management Committee develop and monitor performance indicators that relate to Medicare enrolment, data lodgement lag times and FAO ACIR-related issue. (See Recommendation 11.)
4. The HIC and the DoHA develop a priority setting process for major policy/operational/reporting changes to the ACIR that includes regular input and feedback mechanisms for the Management Committee.
5. Users other than Commonwealth or State and Territory Governments to refer proposals to the Management Committee on major policy/operational/reporting changes to the ACIR with the endorsement of: the State/Territory Immunisation Coordinator; National Immunisation Committee member; or through a peak body represented on the Management Committee.
6. Pursuant to Recommendation 5, the Management Committee advise on the priority given to proposals for major policy/operational/reporting changes to the ACIR.
7. The HIC routinely advise the Management Committee of the outstanding commitments and variations to time frames for major policy/operational/reporting changes to the ACIR.
8. The DoHA and the HIC consider improved arrangements for the funding of major policy/operational/reporting changes to ACIR in the medium to long term.
9. The HIC to consult with the Management Committee in developing questions for the biennial client survey. The full results of the survey should be presented to the Management Committee.
10. The DoHA and the HIC modify performance Indicator 2.8, of Attachment C of the Strategic Partnership Agreement, to include questions on recent changes to the ACIR in the survey of stakeholders.
11. The Management Committee, in consultation with Centrelink, establish an indicator of the frequency of inappropriate refusal of Child Care Benefit or Maternity Immunisation Allowance payments.
12. The HIC and Centrelink make arrangements for the immunisation records provided to Centrelink be sent to the HIC for inclusion in the ACIR.
13. The DoHA to amend the Management Committee terms of reference to emphasise the policy and governance roles, with respect to the ACIR Initiative more broadly than the performance of the HIC alone.
14. The DoHA to appoint a consumer representative to the Management Committee.

15. The DoHA to appoint members of the Management Committee for a period of three years with staggered cessation of terms of membership to balance continuity and change.
16. The DoHA, the HIC and the Management Committee investigate ways to ensure that the original intentions of the Registrar position are achieved.
17. The DoHA investigate opportunities to retain the number of Field Officers at or slightly above the present levels, with a distribution that is more reflective of workload.
18. The HIC consider the appointment or assignment of a specialist Data Manager to provide specialist advice on ACIR data management to the ACIR section and its clients.
19. The DoHA and the HIC consider benchmarking the operation of the ACIR as a performance assessment tool for continuous quality improvement.
20. The HIC and the DoHA review the confidential status of routine data provided to the Management Committee.
21. The DoHA, the HIC and the Management Committee develop a strategic plan for the ACIR that articulates the future direction of the ACIR including the level of functionality proposed.