

**WEST AUSTRALIAN SLEEP DISORDERS RESEARCH INSTITUTE
(Inc.)**

Annual Report 2007/2008

It is a pleasure to present the Annual Report of the West Australian Sleep Disorders Research Institute (the "Institute") for the financial year 2007/08, the eighth year of its operation.

We have had an interesting year, full of new challenges. Referrals to our clinical service have been at a high but relatively stable level which we have geared appropriately for. As a result of this stability waiting times for investigations and management of sleep disorders have stabilised at an acceptable level. I suspect one of the reasons why there has not been pressure to further expand our services is because of the growth of home-based sleep studies instigated by general practitioners and others. While there is a role for simplification of diagnosis and treatment for straightforward sleep apnoea by appropriately trained non-sleep physician providers, it remains to be seen whether these alternative providers meet acceptable benchmarks or whether these practices simply delay definitive investigation and management with involvement of ourselves or other sleep physician providers downstream. In the meantime we continue to provide high quality services to our patients and to train further sleep physicians to service the West Australian community.

We have continued to participate in the Health Department sponsored task force charged with producing a model of care for sleep disorders for Western Australian. This work is well advanced and examines options for public and private health care providers to integrate their services to ensure a comprehensive, appropriately resourced service for all West Australians with sleep disorders. Particular challenges lie in addressing the needs of those that are financially disadvantaged or live in rural or remote settings.

In my last report I referred to the financial challenges faced by the Institute, which were affecting our capacity to function. We have addressed this by changing our relationship with the Hospital such that the risk associated with servicing the needs of our patients (a substantial proportion of whom are pensioners or other Health Care card holders) is shared. We are no longer invoiced by the Hospital on a full cost recovery basis for use of staff and resources, but now deposit our income and draw our expenditure from a hospital-based special purpose account which the Hospital agreed to underwrite, subject to fairly strict disciplines which are consistent with our not-for-profit ethos. Pleasingly other measures to strengthen income and economise on expenditure have meant that the Hospital has not yet been exposed to any nett expenditure in this respect. Our successful CPAP trials model and the increase in rebates for physician consultations and the continuing hard work of our staff are elements of this success. The pressure on our budgetary position will, of course, continue and it is reassuring that the responsibilities for delivering these services by the State are now recognised in these new arrangements.

Our office procedures are in the process of change. A lengthy wait for redevelopment of our business software which, among other things, will allow for direct Medicare billing, appears to be an end with changes imminent which will allow this facility. This is a further step in strengthening our finances, as it will address problems related to bad and doubtful debt at source.

Teaching continues to be an important focus of our activity. Apart from being the primary training site for West Australian sleep physicians and sleep technologists, we have continued to participate in the teaching of medical students, nurses and overseas visitors. There is also a growing number of postgraduate students who work in the Institute's research programs.

Our research program continues to enjoy national and international success attracting substantial funding through competitive grants and publishing in respected international journals. There has been a very substantial consolidation of the work of Sleep Epidemiology group with an impressive number of patients now enrolled in our database. The first data linkage analyses have been undertaken through the West Australian Data Linkage Project, providing new insights into the mechanisms and consequences of sleep disorders. The first genetic studies are also now underway. This, combined with the excellent ongoing work of our other research teams, is gratifying and exciting. This success has led to a growing pressure on space and we are working to address this. In the long term the solution is likely to be through re-accommodation in a hospital-associated research building, such as the one planned for the West Australian Institute for Medical Research. In the short term, however, innovative use of existing space on the fifth floor may help.

We have achieved much over the last year and have consolidated our financial position. Our success is only possible because of the fine, highly-motivated and conscientious people that comprise our staff. They are found everywhere in our operation – in our office, sleep laboratory, research group and physicians. Added to this is the excellence of the groups with which we most closely collaborate with Lyle Palmer and his group providing a prime example.

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Director