

# SUBMISSION TO THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

Exploring Healthcare Variation in Australia

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**RESEARCH  
AUSTRALIA**

AN ALLIANCE FOR DISCOVERIES IN HEALTH



## ABOUT RESEARCH AUSTRALIA

Research Australia is an alliance of 160 members and supporters advocating for health and medical research in Australia. Research Australia's activities are funded by its members, donors and supporters from leading research organisations, academic institutions, philanthropy, community special interest groups, peak industry bodies, biotechnology and pharmaceutical companies, small businesses and corporate Australia. It reflects the views of its diverse membership and represents the interests of the broader community.

Research Australia's mission is to make health and medical research a higher priority for the nation. We have four goals that support this mission:

- A society that is well informed and values the benefits of health and medical research.
- Greater investment in health and medical research from all sources.
- Ensure Australia captures the benefits of health and medical research.
- Promote Australia's global position in health and medical research.

**Elizabeth Foley**

CEO & Managing Director

02 9295 8547

[elizabeth.foley@researchaustralia.org](mailto:elizabeth.foley@researchaustralia.org)

[www.researchaustralia.org](http://www.researchaustralia.org)

384 Victoria Street Darlinghurst NSW 2010

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# SUBMISSION TO THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

## EXPLORING HEALTHCARE VARIATION IN AUSTRALIA

### INTRODUCTION

Variation in healthcare is an indication that there is room for improvement. It does not of itself indicate what that improvement should be or how it can be achieved.

Variation may be an indication that more research is needed to establish what is evidence based best practice. It may be that best practice has been established but that it has not been adequately publicised and promulgated, or it may be that best practice is well understood but that any one of a range of other factors (inadequate facilities and equipment, lack of training, resistance to change) prevent its adoption.

As the final report of the Strategic Review of Health and Medical Research highlighted, making the most of our research discoveries depends on our ability to effectively translate new therapies, procedures and approaches into practice. The principal benefit of doing so is improved health outcomes. Others include improved efficiency, higher productivity and savings in health expenditure, as improvements in healthcare lead to faster and more complete recoveries and reduce adverse events, readmissions and unnecessary tests and interventions.

The CareTrack study published in 2012 reported relatively low levels of appropriate care (in accordance with current guidelines) provided by Australian health care providers across a range of common medical conditions.<sup>1</sup> This study, and the evidence of variation in healthcare practice identified in the reports of the National Health Performance Authority and the discussion paper issued by the Australian Commission on Safety and Quality in Health Care (the Commission) indicate that we have a long way to go to ensure the provision of health care in accordance with current guidelines. The task of translating new discoveries into mainstream healthcare practice is just as great if not greater.

Research Australia's submission addresses Consultation Questions 5 and 6, relating to actions to reduce unwarranted variation.

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<sup>1</sup> W. B. Runciman et al, CareTrack: assessing the appropriateness of health care delivery in Australia, Medical Journal of Australia 197 (2), 16 July 2012

## START WITH BETTER DATA

Information is critical to the better management of Australia's health systems, the provision of higher quality care and the development of new and better treatments.

The ideal is the collection of data in a reliable, systematic and uniform manner across the whole health system and making this data available for analysis in a timely manner. Not all data needs to be captured about all patients at all times, but taking a more strategic national approach to the collection and use of data would provide a sound foundation upon which to make decisions about the provision of health care as well as informing clinical research.

While not wanting to understate the difficulties in combining data from various sources across State and Territory boundaries and between separate institutions and systems, it is becoming easier to link existing databases and collections.

Advances in data management and computing capacity are making it possible to combine large volumes of structured and unstructured data from multiple sources in ways that allow the data to be analysed to provide useful information.

While we may already have significant volumes of data about variations in practice in a range of areas and are better able to link data, the information currently available is incomplete and inconsistent.

We need to better link existing sources of information and we need to invest in clinical registries which will collect information about:

- the primary condition and co-morbidities
- The interventions in sufficient detail to identify variations
- patient health outcomes at appropriate intervals post intervention to determine the level of recovery and remaining morbidity/disability.
- length of stay, readmissions and cost of treatment
- access to timely and appropriate treatment (eg. waiting periods)

Research Australia submits that a strategic national investment must be made in data linkage and collection if we are to identify unwarranted variation and its underlying causes. It must focus on the systematic and uniform collection of relevant administrative, clinical and outcome data.

Priority should be given to health conditions with high prevalence, high treatments costs and significant variations in current treatment.

Research Australia proposes additional funding for health systems research to increase the capacity to analyse variations in practice in the Australian healthcare system and to identify the most effective delivery mechanisms for implementing best practice.

## ESTABLISH BEST PRACTICE

There is a poor evidence base for many health care interventions and there are still many health conditions where best practice has not been established. An analysis of data on variations in practice can highlight differences in treatment and provide an opportunity to use clinical trials and comparative effectiveness research to identify best practice.

### Clinical trials

Investigator- driven (i.e. non commercial) clinical trials are a key means of generating the evidence needed to support decision making by health practitioners, policy makers and consumers of health services about what works and what doesn't. Clinical trials have a demonstrated capacity to directly influence health service delivery and improve practice through the assessment of the efficacy of existing practices as well as evaluating new therapies, interventions and services. The clinical trial methodology has application in all settings in which healthcare services are provided including hospitals, community health services, private practice and general practice.

Some of the elements we need are already in place; for example the NHMRC's Translation Faculty has 14 Steering Groups to develop actions for the translation of research in key areas.<sup>2</sup>

The Australian Clinical Trials Alliance has recently been created to promote the conduct of clinical trials and the creation of sustainable infrastructure for virtual clinical trials networks and clinical registries across all areas of health. The Alliance has undertaken work to map the existing clinical trials networks and infrastructure, and has identified several areas where there is a need for greater infrastructure for clinical trials.

In addition to support for clinical trials networks we need to have dedicated budgets for clinical research within the public health system to:

- enable clinicians to dedicate time to planning, conducting and evaluating research;
- fund research administration;
- provide proper access to Ethics Committees;
- support recruitment of participants; and
- promote collaboration with universities and other centres of research expertise.

The advantages of clinical trials are numerous. As clinical trials necessarily involve clinicians and consumers of services, they are targeted to areas of real clinical need. Adoption of new knowledge into practice can be a long, slow process. The capacity of the healthcare workforce to use research results to change practice is enhanced by participation in, and experience with, clinical trials. Participants become more 'research literate,' and more aware of evidence based practice leading to earlier and more effective adoption of new knowledge and information.

Clinical trials also have the capacity to improve the quality of care and identify existing practices that are not efficacious. Changing and/or eliminating these practices can improve the effectiveness and efficiency of healthcare services, reducing expenditure.

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<sup>2</sup> <http://www.nhmrc.gov.au/research-translation/research-translation-faculty/research-translation-faculty-steering-groups>

## Comparative effectiveness research

Comparative effectiveness research draws on existing data about alternative therapies, services and interventions to determine which is the most effective for particular patient groups and in particular settings. We can also use comparative effectiveness research to look beyond the hospital ward to long-term effects. Which are the therapies and services, including post treatment support services, that help people to remain well?

This type of research is again dependent on the availability of relevant high quality data about therapies and outcomes.

Research Australia recommends that resources be committed to establishing national clinical trial research infrastructure, and to supporting the development of national clinical trials networks. The network should be developed in conjunction with (and build on the work of) existing bodies active in this area, including the NHMRC Translation Faculty and the Australian Clinical Trials Alliance.

Research Australia recommends the allocation of dedicated clinical research budgets within public health facilities with clear and transparent guidelines for the allocation of funding and accountability for their acquittal. Priority should be given to collaborative multi-site research.

Research Australia recommends greater utilisation of comparative effectiveness research to evaluate existing practices.

## CAPITALISING ON INNOVATION IN THE HEALTH SECTOR

Many individuals in our health system are striving to deliver better health care. These efforts can account for positive variation in performance by individual hospitals and health providers.

We are not suffering from a lack of ideas on how to make our health system more effective and efficient but we don't have the infrastructure in place to efficiently evaluate and document these innovations and apply them more broadly.

Some parts of the puzzle are already in place. For example, the Victorian Government has established the Redesigning Hospital Care Program,

*'a four-year statewide initiative that is delivering significant health system improvements through the application of process redesign methodologies in Victorian public hospitals.*

*The program objectives are to:*

- *Increase redesign capability and capacity by training staff across the system to lead projects, implement change and train their peers; and*
- *Measurably improve health delivery processes and outcomes across the system.*<sup>3</sup>

The Australian Resource Centre for Healthcare Innovations (ARCHI) provides an online forum for health professionals to share innovations in healthcare.<sup>4</sup> It is hosted by the NSW Agency for Clinical Innovation

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<sup>3</sup> <http://www.health.vic.gov.au/redesigningcare>

<sup>4</sup> <http://www.archi.net.au/home>

(ACI), 'the lead agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care.'<sup>5</sup>

The role of the states in identifying and implementing reforms to our health systems is critical; in many areas they are the level of government closest to the delivery of healthcare. We need to capitalise on initiatives at the local and state levels for the broader national benefit, and we need to better integrate the research community in this endeavour.

Research Australia believes that the Australian Commission on Safety and Quality in Health Care is well placed to identify practices and initiatives in existing health care providers that can be evaluated for their suitability for adoption as part of the Healthcare Standards, and for the assessment of existing practices that are potentially harmful and/or inefficient.

Furthermore, the Commission could provide incentives for health providers to nominate practices and initiatives for evaluation as best practice. It could work with the NHMRC and in particular the NHMRC Translation Faculty to undertake the evaluation of practices and initiatives. Where appropriate, the Commission's Clinical Care Standards and accreditation system or the NHMRC's Clinical Guidelines mechanism could be used as a means of promoting the adoption of the intervention.

Research Australia recommends that the Australian Commission for Safety and Quality in Healthcare provide incentives for individual providers to nominate innovative interventions as best practice and work with the NHMRC and the NHMRC Translation Faculty to evaluate these innovations for best practice, and for adoption in Clinical Care Standards or Clinical Guidelines.

## THE ROLE OF CLINICAL GUIDELINES AND CLINICAL CARE STANDARDS IN REDUCING VARIATION

Australia makes a significant investment in Clinical Guidelines and Clinical Care Standards and yet we seem to fail to capitalise on this investment to drive the adoption of best practice and unwarranted variation. And a recent report by the NHMRC has identified significant deficiencies in the guidelines held in the NHMRC Clinical Guidelines portal.<sup>6</sup>

Research Australia believes that more could be done to drive adoption of Australian Clinical Guidelines and the Clinical Care Standards, and that this can play a role in reducing unwarranted variation. In the case of the Australian Clinical Guidelines, the 2014 Annual Report on Australian Clinical Guidelines could be used to drive improvements in the guidelines, including providing a template setting out minimum requirements for guidelines.

In both cases the existing evidence of variation in practice across the health care system could be used as a means of promoting adoption of the guidelines and standards.

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<sup>5</sup> <http://www.aci.health.nsw.gov.au>

<sup>6</sup> NHMRC, *2014 Annual Report Australian Clinical Guidelines*, 2014



Research Australia recommends using the 2014 Annual Report on Australian Clinical Guidelines to set minimum requirements for future clinical guidelines and to identify existing clinical guidelines which are of high quality and represent current best practice.

Research Australia recommends using evidence of variation in clinical practice as a reason for clinicians to adopt Clinical Care Standards and (high quality) Clinical Guidelines, and the effective promotion of these Standards and Guidelines as a means of reducing variation in clinical practice in favour of best practice.

## CONCLUSION

Research Australia has welcomed the opportunity to make this submission. Variation in health care practice is evidence of room for improvement and also an important tool for driving improvement. Providing evidence of variation in practice to clinicians, hospital administrators and patient groups can itself be a means of driving change, but is all the more effective if it is combined with clear guidance on best practice.

Research Australia believes that an investment in the collection of better data about practice, expanding our capacity to analyse and understand the data, and capitalising on the health system's own capacity for innovation can together reduce unwarranted variation and lead to more consistent and higher quality care. The benefits of such action are improved health outcomes and a more efficient and effective healthcare system for all.

**RESEARCH AUSTRALIA LIMITED**

384 Victoria Street Darlinghurst NSW 2010

**T** +61 2 9295 8546 | **ABN** 28 095 324 379

[www.researchaustralia.org](http://www.researchaustralia.org)