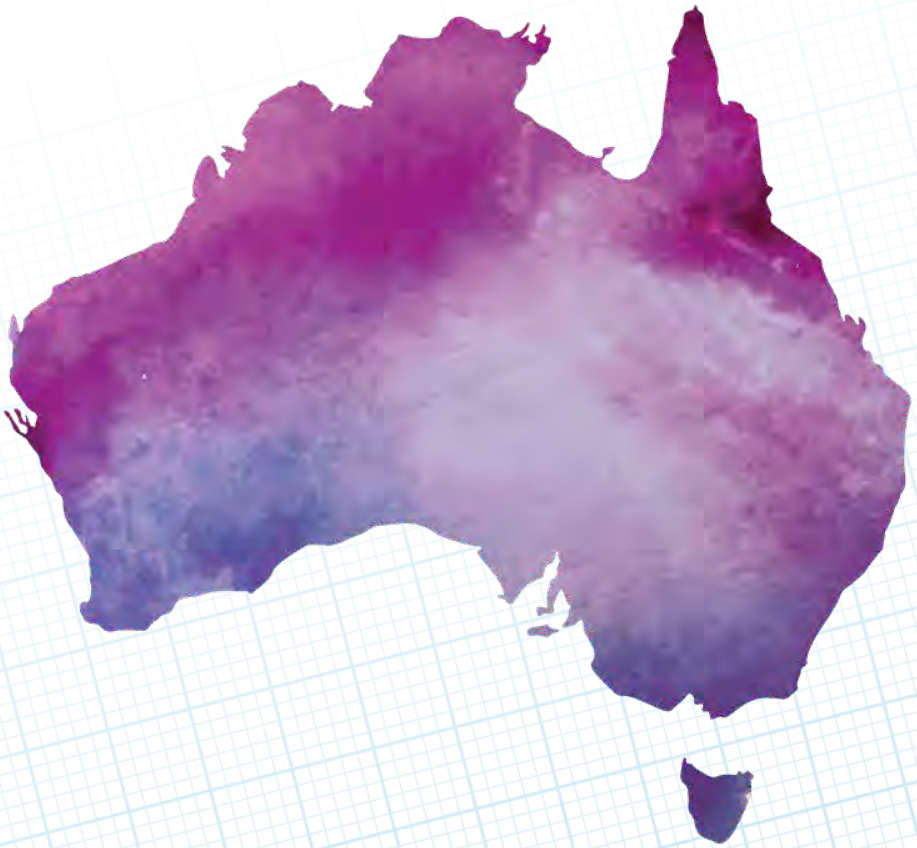
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

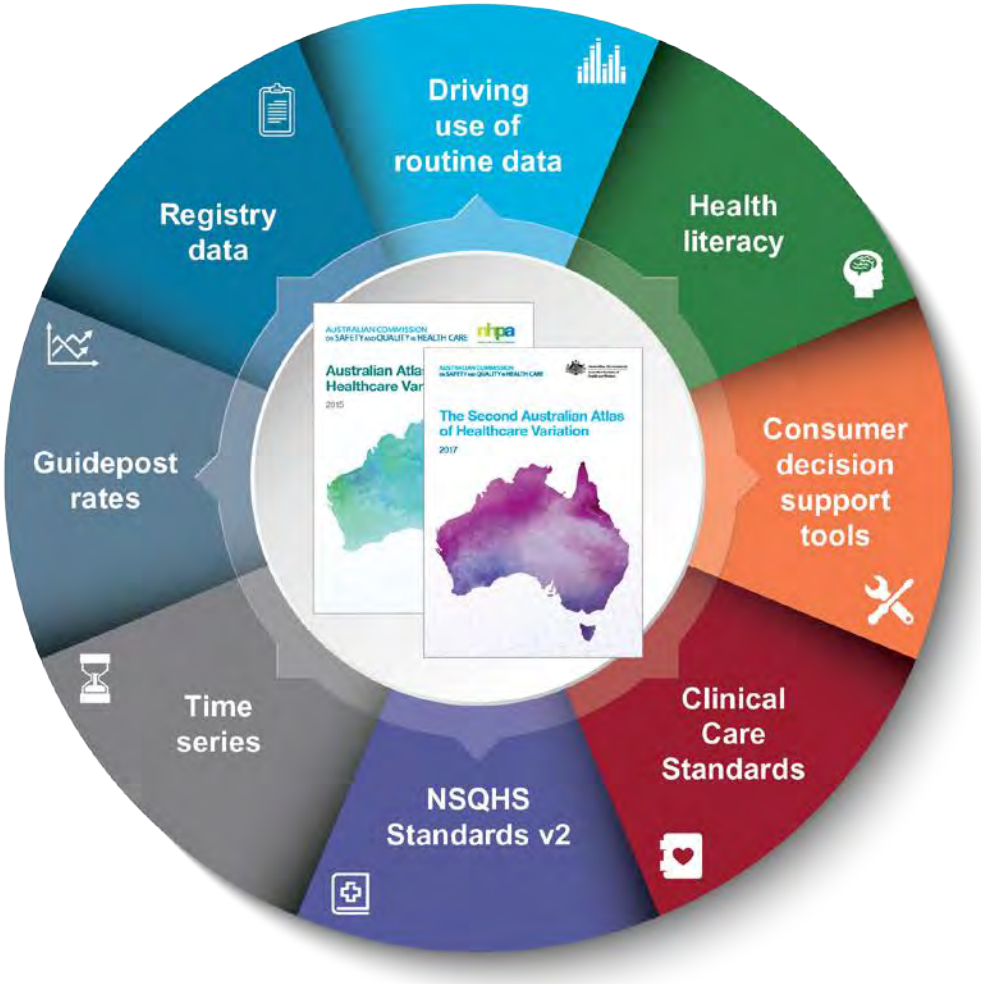
# Healthcare Variation: Opportunities and recommendations for improvement



Queensland Clinical Senate
1 December 2017

Conjoint Professor Anne Duggan
Senior Medical Advisor

# Promoting appropriate care




Explore variation

Identify unwarranted variation

Address unwarranted variation

# Obesity

5b. The Australian Government and state and territory health departments to promote routine measurement and recording of obesity markers, such as body mass index (BMI) and waist circumference for all adults and children who attend primary care or an outpatient clinic, or who are admitted to a health service, to facilitate strategies to manage obesity being included as options in healthcare decision-making.

5d. The Council of Presidents of Medical Colleges to progress its work on obesity by identifying actions that can be taken by professional colleges and societies to improve the prevention and management of obesity

# Health care variation: the next challenge for clinical colleges

## Unwarranted variation in health care requires action from all players in health — including clinical colleges

Marked variations in the use of 18 health care services, such as hospitalisations for chronic diseases and surgical procedures, were reported in the *Second Australian atlas of healthcare variation* (the second Atlas), recently published by the Australian Commission on Safety and Quality in Health Care (the Commission).[1] The amount of variation seen is unlikely to be explained by differences in patient needs, and so indicates opportunities for delivering more effective patient care and getting better outcomes for individuals and for the community.[2]

The second Atlas maps care for many conditions and surgical interventions to which lifestyle factors such as obesity contribute; these include osteoarthritis, diabetes, heart failure, cardiovascular disease, atrial fibrillation, and gallstones, which are a risk factor for cholecystectomy. This raises the question of who should take responsibility for reducing obesity levels. Strategies to modify the environment and to shape the population's lifestyle habits have dominated the conversation about obesity, but all clinicians — and not only general practitioners — have a part to play. Small actions by individuals, when undertaken on a large scale, are a powerful force for change.

Australia spends substantial amounts of money on "sick care", but relatively little on "health care". For example, an estimated $3.8 billion was spent in Australia on health care directly related to obesity in 2011–12.[12] While reducing obesity levels needs a mix of approaches, interventions delivered or prompted by clinicians are an important part of this mix. Reducing obesity is only one preventive activity in which clinicians — and therefore their relevant medical colleges — could make greater efforts.

Impressive gains have been made in reducing smoking rates in Australia, but certain groups still have substantially higher rates than the Australian average of 15%: Aboriginal and Torres Strait Islander people (41%),[13] people in the highest quintile of socio-economic

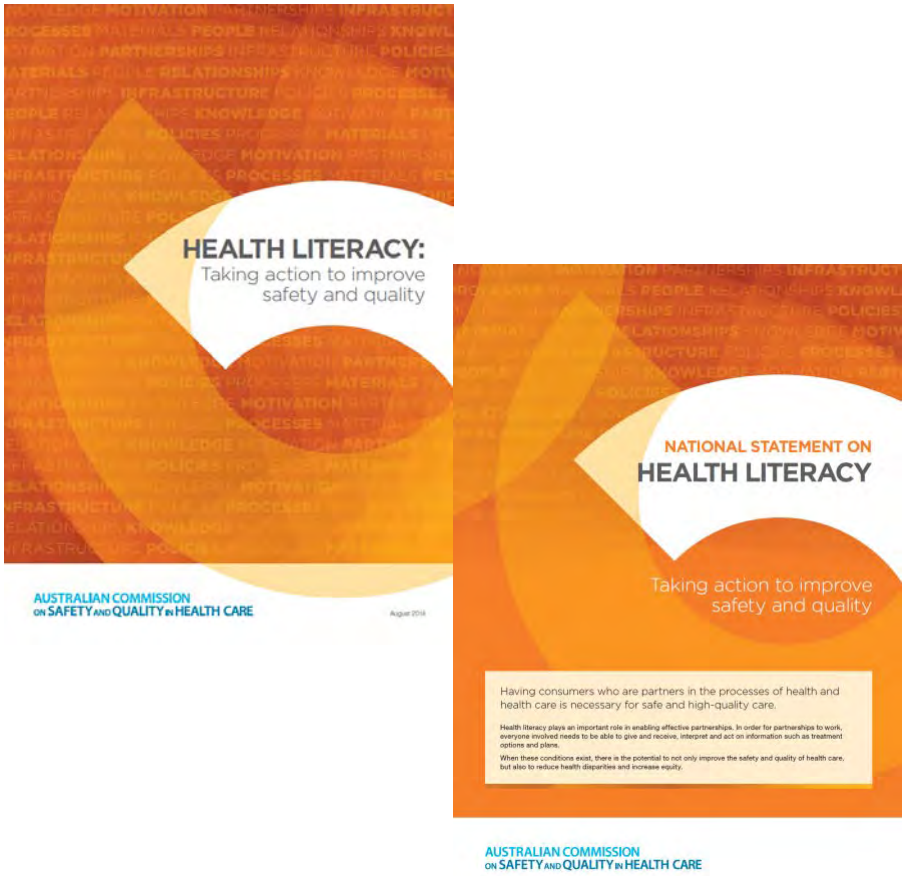
For example, the second Atlas found the rate of knee replacement surgery varied by up to fourfold according to where patients live in Australia. Part of this variation is very likely due to differences in rates of obesity. Pain or mobility problems caused by osteoarthritis are the reason for 98% of knee replacements in Australia.[3] The risk of osteoarthritis of the knee for overweight people is double the risk for people of normal weight; in obese people, it is four times as high.[4] An estimated 53% of total knee replacements in Australia are due to obesity,[4] and Australia's relatively high rate of knee replacement surgery among Organisation for Economic Co-operation and Development countries mirrors its similarly high ranking in obesity rates.[5]

This raises the question of who should take responsibility for reducing obesity levels. Strategies to modify the environment and to shape the population's lifestyle habits have dominated the conversation about obesity, but all clinicians — and not only general practitioners — have a part to play. Small actions by individuals, when undertaken on a large scale, are a powerful force for change. The second Atlas notes the importance of including strategies to manage obesity as options in health care decision making.

Health care variation: the next challenge for clinical colleges: Unwarranted variation in health care requires action from all players in health — including clinical colleges. H Francombe, A Duggan & H Buchan. BMJ October 2017

# Health Literacy

1f. The Commission, in collaboration with Aboriginal and Torres Strait Islander Australians and relevant organisations, to produce resources for addressing health literacy.




- Raising awareness
- Discussing the concept and related issues
- Advocating for a coordinated approach
- Outlining the role that different individuals and organisations can play
- Describing actions that can be taken

# National Safety and Quality Health Service Standards (second edition)

Standard 1
**Clinical Governance Standard**

Standard 2
**Partnering with Consumers**

Standard 8
**Recognising and Responding to Clinical Deterioration in Acute Health Care**

Standard 3
**Preventing & Controlling Healthcare associated infection**


Standard 7
**Blood and Blood Products**

Standard 4
**Medication Safety**

Standard 6
**Communicating for Safety**


Standard 5
**Comprehensive Care Standard**

Screening for risk
Nutrition & hydration
Falls
Pressure injury
Delirium & CI
Self harm & suicide
Aggression & violence
Restraint/seclusion

# Clinical Governance for Health Service Organisations Standard

## Clinical Performance and Effectiveness

| Item | Action required |
| --- | --- |
| Variation in clinical practice & health outcomes | **1.28** The health service organisation has systems to:<br>a. monitor variation in practice against expected health outcomes<br>b. provide feedback to clinicians on variation in practice & health outcomes<br>c. review performance against external measures<br>d. support clinicians to participate in clinical review<br>e. use information on unwarranted clinical variation to inform improvements in safety & quality systems<br>f. record the risks identified from unwarranted clinical variation in the risk management system |

# Clinical care standards

- Inform patients about the care they can expect to receive
- Ensure patients have the opportunity to make an informed choice from a range of options
- Provide guidance to health professionals, so they can deliver appropriate, high-quality care
- Identify systems that health services need in place to support and monitor appropriate care

***"The goal is appropriate care - the right care for the right person, at the right time."***

# Heavy menstrual bleeding clinical care standard

Eight quality statements and a set of recommended indicators for voluntary monitoring for quality improvement

**Assessment and diagnosis**

**Intra-uterine hormonal devices**

**Informed choice and shared decision making**

**Specialist referral**

**Initial treatment is pharmaceutical**

**Uterine-preserving alternatives to hysterectomy**

**Quality ultrasound**

**Hysterectomy**



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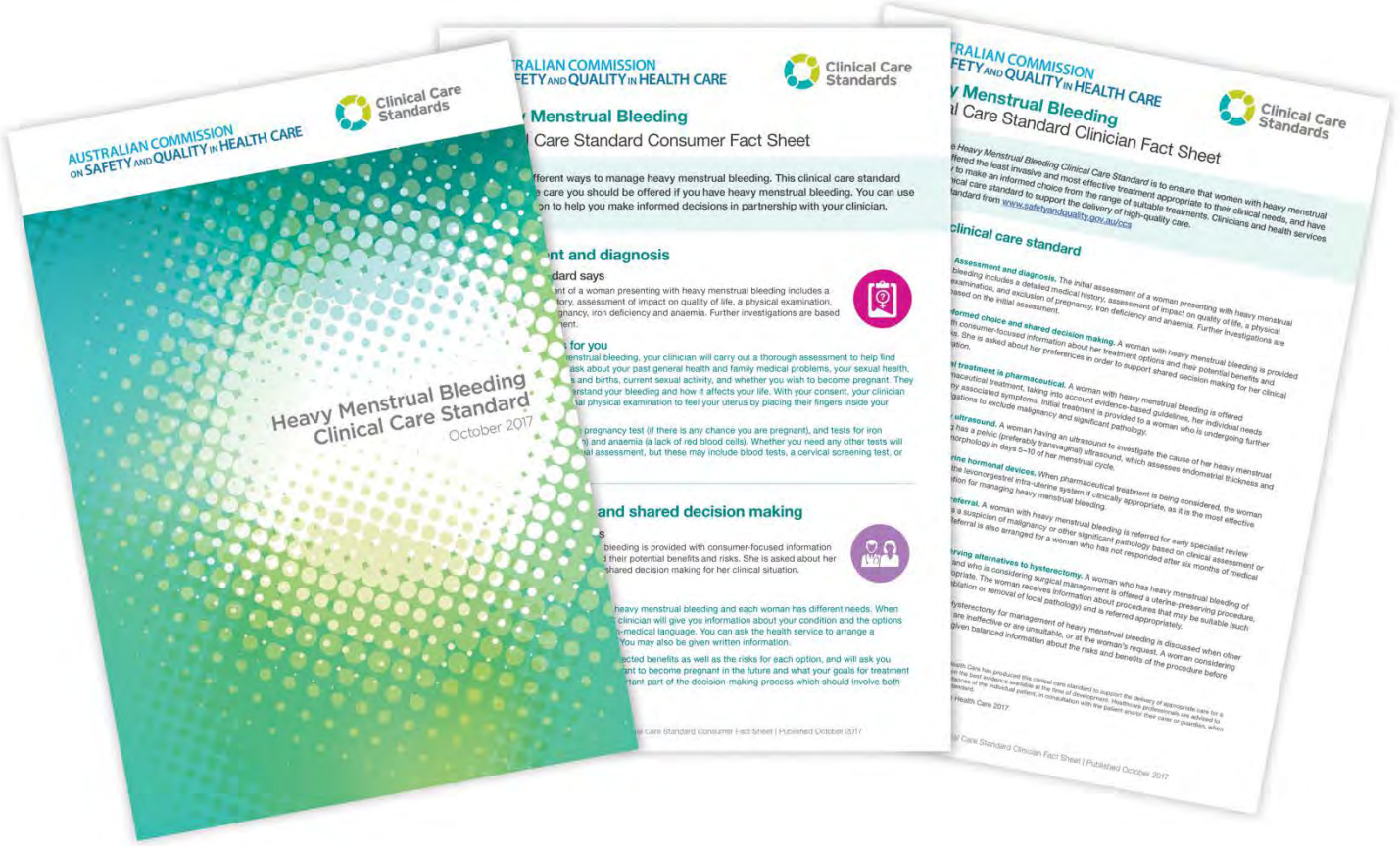


**www.safetyandquality.gov.au/ccs**

# Further resources

- Explore the data further using the interactive Atlas at www.safetyandquality.gov.au/atlas/
- Please send any queries to atlas@safetyandquality.gov.au