

Time for change

If we continue to provide care that is low benefit to patients and high cost to the system, future generations will not have access to the same quality care that we expect, writes Dr Alex Markwell, Queensland Clinical Senate Chair.

None of us go to work with the intent of hurting our patients. But despite our best intentions, we know that we are often providing care that is of little or no benefit and could even harm our patients. Low benefit care consumes patient and staff time, is costly to the system and reduces our capacity to deliver high benefit care.

We know that our current health system is not sustainable and that without change the same quality care that we have come to expect will not be available to our grandchildren and their children.

But if we start to reshape the care that we provide and reduce unnecessary and unwanted treatment, we have the opportunity to shift our focus and resources to care that is of high benefit, ensuring patients receive better alternatives that are safe and effective and ensuring a more efficient and sustainable health system.

While there are many procedures and interventions that may provide little or no benefit to patients, a recent meeting of the Queensland Clinical Senate* gave 170 clinicians, consumers and system administrators the opportunity to choose priorities for change in Queensland. Three priority areas were identified for statewide action:

- ▶ Improving the quality use of medicines to optimise care in frail and older patients
- ▶ Improving end of life planning and care in end-stage disease
- ▶ Reducing unnecessary daily blood testing.

Crucially, underpinning these priorities is the need to educate and empower consumers and their healthcare providers to discuss what care is needed, and identify which interventions are helpful and which are not. The B.R.A.N (Benefits, Risks, Alternatives, what if we do Nothing?) framework can help guide these conversations and make it easier to proceed (or not) when the choice is right. Consumers have a vital role to play.

And we must ensure that clinical decision support tools (such as HealthPathways and Smart Referrals) are updated to guide and promote evidence-based practice by explicitly stating the benefit to patients of different management options.



**DR ALEX
MARKWELL**

Chair, Queensland Clinical Senate; and
Emergency Physician,
Royal Brisbane and
Women's Hospital

Work also needs to be done on developing appropriate metrics to evaluate the impact of any interventions for reducing low benefit care, how the data will be collected and then made available to clinicians.

The Senate, in partnership with Queensland Health's Statewide Clinical Networks, will work with the Department of Health, Hospital and Health Services and consumers to progress this important work.

Meantime, clinicians must begin to actively look for opportunities to reduce low benefit care in their everyday practice. We must lead by example and question our drivers for doing a test or procedure - 'it's always been done this way' is not acceptable. In doing so, we will be educating the next generation of doctors and health professionals about low benefit care and the importance of thinking about the consequences of the decisions we make.

While this is a complex space, both because of the reasons behind it and the challenge of how we are going to improve it, Queensland clinicians are in a unique position. We have been entrusted to identify where change can be made and to drive that change. Let's not waste this opportunity to be the leaders in this space and reduce care that is not helping, even harming, those who trust us to provide the best possible care and outcomes.

**The Queensland Clinical Senate is Queensland Health's strategic clinician advisory group.*