

Investigating and addressing unwarranted variation

Addressing unwarranted healthcare variation can contribute to more equitable access to, and better value, health care. There are areas where the data could be improved and further investigation into the cause of variation is needed. However it is clear that many areas require change at clinical, health service and system levels.

Appropriate care

The challenge in identifying and addressing unwarranted variation is that for many healthcare interventions we do not know what rates of intervention deliver the best outcomes for patients and the broader community. Ease of access to care is one factor affecting variation in healthcare use. Individual decisions about treatments are another factor. One approach to address unwarranted variation is to focus on the process leading to individual decisions about treatment. Integral to this are the concepts of health literacy and shared decision making, together with definitions of appropriate care in clinical standards or evidence-based guidelines.

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Health literacy

It is estimated that about 60 per cent of Australians have low health literacy, which affects their capacity to make decisions and act to manage their health and health care.⁹ People with low health literacy are more likely to need to go to an emergency department, to be hospitalised, and to have poorer health outcomes.¹⁰

For a number of the data items in the atlas, issues such as patient preferences and patient decisions are proposed as potential reasons for variation. These issues are at the core of the concept of health literacy. Health literacy determines the way in which people access, understand and use information to make effective decisions about health and health care, and take appropriate action. It is also about the way information is presented, and the communications and interactions that occur between patients and providers. The wider environment – including health systems, processes and practices – often does not make it easy for people to understand the issues affecting their health and health care.¹¹

Although low health literacy can be found across the socioeconomic spectrum, people from disadvantaged groups can be at higher risk of having low health literacy. Health literacy is a particular issue for these groups because having low health literacy can exacerbate underlying access and equity issues they may be experiencing. Because of the impact of disadvantage and vulnerability on health literacy, focusing on health literacy in specific geographic areas or settings may help to reduce the healthcare variation. The Commission has proposed a systematic approach to address health literacy in the National Statement of Health Literacy.¹¹

Shared decision making

Shared decision making allows patients to examine the likely benefits and harms of available screening, investigation and management options, communicate their values and preferences, and select the best course of action for them. This is particularly important when the evidence is uncertain or multiple options are available with different probabilities of risk and benefit.

Patients who are fully informed about the implications of various options and how these align with their values will often make different choices.^{12,13} Shared decision making is therefore widely seen as a strategy for promoting patient-centred care and reducing unwarranted variation.

If shared decision making is to occur, patients and clinicians need to have ready access to evidence about treatment options, understandable information about the probability of risk and benefit, and guidance on weighing the pros and cons of different options. The clinical culture must support patient engagement.¹⁴ The Commission is starting a program to increase access to tools and resources that will assist with shared decision making.¹⁵

Clinical standards and evidence-based guidelines

Clinical standards and evidence-based guidelines can play an important role in delivering appropriate care and reducing unwarranted variation, as they identify and define the care people should expect to be offered or receive, regardless of where they are treated. The Commission has produced a series of Clinical Care Standards.¹⁶ These contain quality statements which describe the care that patients should be offered by clinicians and health services for a specific condition or defined clinical pathway in line with current best evidence. The findings in the atlas will inform the development of future clinical care standards.

Where clinical guidelines and clinical care standards exist, strategies to promote their use are essential. All Clinical Care Standards the Commission has developed have accompanying indicators to enable monitoring of the extent to which routine care aligns with the standard.

Using data for improvement

The atlas is one of many mechanisms using clinically important data to drive healthcare improvements. There has been an enormous investment in health information technology in Australia in recent years through the National E-Health Transition Authority (NEHTA). This work aims to improve data flows between parts of the health system, connecting information to improve efficiency and health outcomes. This work is especially important for patients with complex and chronic diseases, who see multiple providers in the system across the primary care and hospital settings. The atlas reinforces that the way we use available health data in Australia is vital for healthcare improvement.

In addition, the atlas suggests that building more ways to capture clinically important data into routine data collection and information technology infrastructure will improve clinical practice and service delivery. In developing the atlas, the use of national mandatory datasets has created many challenges. The limitations described in each chapter about using data from the PBS, MBS and Admitted Patient Care National Minimum Data Set also highlight opportunities for improving how we measure healthcare delivery. Improving existing datasets can help identify where change needs to happen and provide a way of monitoring whether efforts towards change have been successful. Jurisdictions should also continue developing data linkage systems to provide better intelligence on the outcomes of healthcare interventions.

Improving our understanding of patient outcomes

Evidence shows that the systematic use of information from patient-reported outcome measures leads to better communication and decision making between clinicians and patients, and improves patient satisfaction with care.¹⁷ Patient-reported outcome measures for surgical interventions, such as for knee pain, cataract removal, radical prostatectomy and lumbar spine surgery, will enable assessment of the effectiveness of these procedures from the patient's perspective. In addition, patient-reported outcome measures can be used to determine the extent to which the outcomes achieved in routine settings align with patient expectations. The atlas strengthens the case for developing and adopting patient-reported outcome measures as a means of monitoring and feedback on the outcomes achieved.

The atlas has highlighted the lack of outcome measures collected in Australia, from either routine data or other means such as patient-reported outcome measures. This restricts understanding of both the benefits and harms people experience when they have healthcare interventions. A better understanding of clinical outcomes would allow us to know what level of intervention benefits patients across Australia.

Clinical quality registries

Clinical quality registries enable monitoring of outcome data, where supported by professional groups, and feedback to health services on management and treatment outcomes. Australia has the capacity to support a number of high-priority national registries. They should conform to the Commission's Framework for Australian Clinical Quality Registries.¹⁸ National registries for monitoring acute stroke care, cataract surgery, surgical knee interventions, hip fracture, prostatectomy and lumbar spine surgery warrant support, given the variation illustrated in this atlas. These should include data elements that accompany related Clinical Care Standards.

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Next steps

Raising the profile of healthcare variation is the critical first step to addressing unwarranted variation. The *Australian Atlas of Healthcare Variation* is the first of a series of atlases the Commission will produce on the extent of variation across a range of procedures and interventions in Australia.

In addition to demonstrating the levels of variation that exist, the atlas also starts the process of interpreting and examining the findings. Clinical and critical analysis of the potential reasons for variation, and suggestions for areas of further exploration, will help to ensure more appropriate care is provided. In this atlas, we have suggested ways in which coordinated action can be taken at all levels of the healthcare system.

Healthcare variation is important because it reflects the care patients receive – or do not receive. The suggested actions and recommendations are designed to improve equity and efficiency, as well as the safety and quality of health care.