



On the Radar

Issue 421
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On the Radar

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Reports

Value Based Health Care: Setting the scene for Australia
Deeble Institute Issues Brief No. 31
Woolcock K
Canberra: Australian Healthcare and Hospitals Association; 2019. p. 56.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-31-value-based-health-care-setting
Notes	<p>Value – as defined in a number of ways – has become a key term in health care in recent years. This Deeble Institute Issues Brief draws together and summarises a number of areas in which value has been a key element (including clinical quality registries and atlases of healthcare variation) and synthesises them into a proposed national strategy or framework.</p> <p>The brief suggests that ‘A value-based approach to health care provides a patient-centric way to design and manage health systems’ as it requires ‘greater consideration of the balance between clinically relevant outcomes and outcomes that matter to patients.’</p> <p>The brief makes recommendations for enabling value-based health care through public policy in Australia. These include:</p> <ol style="list-style-type: none"> 1. A national, cross-sector strategy for value-based health care in Australia 2. Access to relevant and up-to-date data

	<p>3. Evidence for value-based health care in the Australian context</p> <p>4. Health workforce strategies supporting models of care that embrace a value-based approach</p> <p>5. Funding systems that incentivise the delivery of value-based health care.</p> <p>This issues brief has been released as the AHHA has been involved in the establishment of the Australian Centre for Value-Based Health Care (https://valuebasedcareaustralia.com.au/)</p>
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Re-orienting funding from volume to value in public dental services

Deeble Institute Issues Brief No. 32

Hegde S, Haddock R

Canberra: Australian Healthcare and Hospitals Association; 2019. p. 49.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-32-re-orienting-funding-volume-value
Notes	<p>The Deeble Institute has published this Issues Brief that also examines value, but in this case it is more narrowly focused on value in Australia’s public dental health services. The brief argues for funding reform that reflects the following ‘fundamental elements’:</p> <ul style="list-style-type: none"> • Improving value for money • Reducing unwarranted variation including disinvesting or limiting low value services that do not improve health outcomes • Improving safety and quality • Improving oral health outcomes that matter to patients • Improving patient experiences • Prevention at the individual and population levels • Optimal workforce skill mix that maximises efficiency gains in terms of value and cost <p>The brief includes a number of recommendations for various tiers of government that could support different funding blends to be modelled, trialled, tested and evaluated at a range of sites catering to different population segments before wider uptake.</p>

Journal articles

A comprehensive review of randomized clinical trials in three medical journals reveals 396 medical reversals

Herrera-Perez D, Haslam A, Crain T, Gill J, Livingston C, Kaestner V, et al

eLife. 2019;8:e45183.



DOI	https://doi.org/10.7554/eLife.45183
Notes	<p>In the discussions of value in health care there has been something of a focus on ‘low value’ care (defined here as ‘medical practices that are either ineffective or that cost more than other options but only offer similar effectiveness’. This paper focuses on a ‘subset of low-value medical practices’ known as medical reversals that are ‘defined as practices that have been found, through randomized controlled trials, to be no better than a prior or lesser standard of care’. The paper reports on a systematic search of randomized controlled trials in three leading medical journals (<i>Journal of the American Medical Association</i>, <i>The Lancet</i>, and the <i>New England Journal of Medicine</i>) that identified 396 medical reversals. The authors report that of the reversals, ‘most of the studies (92%) were conducted on populations in high income countries, cardiovascular disease was the most common medical category (20%), and medication was the most common type of intervention (33%).’ The hope is that this will contribute to eliminating the use of these practices.</p>

Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement
 U. S. Preventive Services Task Force
 Journal of the American Medical Association. 2019 [epub].

Preexposure Prophylaxis for the Prevention of HIV Infection: US Preventive Services Task Force Recommendation Statement
 U. S. Preventive Services Task Force
 Journal of the American Medical Association. 2019;321(22):2203-13.

New USPSTF Guidelines for HIV Screening and Preexposure Prophylaxis (PrEP): Straight A's
 Walensky RP, Paltiel AD
 JAMA Network Open. 2019;2(6):e195042-e.

Who Should Be Screened for HIV Infection?
 Jin J
 Journal of the American Medical Association. 2019 [epub].

DOI	<p>HIV screening recommendation https://doi.org/10.1001/jama.2019.6587 HIV pre-exposure prophylaxis recommendation https://doi.org/10.1001/jama.2019.6390 Walensky and Paltiel editorial https://doi.org/10.1001/jamanetworkopen.2019.5042 Patient page https://doi.org/10.1001/jama.2019.6919</p>
Notes	<p>HIV screening and prophylaxis recommendations from the US Preventive Services Task Force have been published and are described in these articles and the related editorial and ‘patient page’ in the <i>Journal of the American Medical Association</i>. As the editorial’s sub-title suggests that have ‘A’ recommendations, the strongest level of recommendation backed by substantial evidence.</p> <p>The screening recommendation recommends that clinicians provide routine, voluntary screening for HIV infection to adults and adolescents aged 15 to 65 years as well as for all pregnant women. It also applies to people younger than 15 years or older than 65 years who have risk factors for HIV infection (e.g., unprotected sex with new partners, injection drug use).</p> <div data-bbox="336 1308 1198 1921" style="border: 1px solid black; padding: 10px; background-color: #e0f2f1;"> <p style="text-align: center;">Screening for HIV Infection</p> <p>HIV is a serious, lifelong infection that is mostly sexually transmitted. Current antiretroviral treatments for HIV are highly effective at preventing transmission of HIV and future development of AIDS.</p> <hr/> <p>Population</p>  <p>Adolescents and adults aged 15 to 65 years, all pregnant women, and people under 15 or over 65 years old who have risk factors for HIV infection</p> <hr/> <p>USPSTF recommendation</p>  <p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years as well as all pregnant women. Younger adolescents and older adults who are at increased risk for infection should also be screened.</p> </div> <p>The US Preventive Services Task Force has also assigned a grade A for a new recommendation to offer pre exposure prophylaxis (PrEP) to all persons at high risk of HIV infection.</p>

An Implementation Guide to Promote Sleep and Reduce Sedative-Hypnotic Initiation for Noncritically Ill Inpatients
 Soong C, Burry L, Cho HJ, Gathecha E, Kisuule F, Tannenbaum C, et al
 JAMA Internal Medicine. 2019 [epub].

DOI	https://doi.org/10.1001/jamainternmed.2019.1196
Notes	Sleep – or the lack of sustained quality sleep – is a common concern for hospitalised patients. The authors of their ‘selected review’ note that ‘sedative-hypnotic medications are frequently prescribed for hospitalized patients with insomnia, but they can result in preventable harm such as delirium, falls, hip fractures, and increased morbidity.’ Poor or disrupted sleep is a common factor in sedative-hypnotic use among patients. This selected review summarises the apparently effective interventions aimed at promoting sleep and reducing inappropriate sedative-hypnotic initiation and proposes an implementation strategy to guide quality improvement teams.

Translating research on quality improvement in five European countries into a reflective guide for hospital leaders: the ‘QUASER Hospital Guide’

Anderson JE, Robert G, Nunes F, Bal R, Burnett S, Karlton A, et al.
 International Journal for Quality in Health Care. 2019 [epub].

DOI	https://doi.org/10.1093/intqhc/mzz055
Notes	Paper describing the QUASER study, its findings and development of the <i>QUASER Hospital Guide</i> . The QUASER study involved in-depth ethnographic research into quality improvement (QI) work and practices in two hospitals in each of five European countries. The <i>QUASER Hospital Guide</i> was designed for leadership teams to diagnose their organization’s strengths and weaknesses in the QI challenges. The Guide provides a comprehensive map of the areas hospital leaders need to address to improve quality by articulating common challenges faced by healthcare organizations. It provides a method for systematically identifying gaps in QI strategies, and a framework and a language for talking about QI. The final <i>QUASER Hospital Guide</i> is published in print and is online at https://www.ucl.ac.uk/dahr/pdf/study_documents/iQUASER_Hospital_Guide_291014_press-ready_cs4.pdf

How organisations contribute to improving the quality of healthcare

Fulop NJ, Ramsay AIG
 BMJ. 2019;365:l1773.

DOI	http://doi.org/10.1136/bmj.l1773
Notes	One of the authors of the previous item was the lead author of this commentary piece in the <i>BMJ</i> that briefly examines how leadership, staff engagement, external influences, and processes can help develop and sustain quality improvement strategies in health organisations.

Journal for Healthcare Quality

Vol. 41, No. 3, May/June 2019

URL	https://journals.lww.com/jhqonline/toc/2019/06000
Notes	A new issue of the <i>Journal for Healthcare Quality</i> . Articles in this issue of the <i>Journal for Healthcare Quality</i> include: <ul style="list-style-type: none"> • Trends in Avoidable Hospitalizations for Diabetes: Experience of a Large Clinically Integrated Health Care System (Maidah Yaqoob, Jihan Wang, Ann T. Sweeney, Cynthia Wells, Virginia Rego, Bertrand L. Jaber) • Local Health Department Activities to Reduce Emergency Department Visits for Substance Use Disorders (Priscilla Novak, Robin Bloodworth, Kerry Green, Jie Chen)

	<ul style="list-style-type: none"> • Using Charlson Comorbidity Index to Predict Short-Term Clinical Outcomes in Hospitalized Older Adults (Liron Sinvani, Roshini Kuriakose, Sara Tariq, Andrzej Kozikowski, Vidhi Patel, Christopher Smilios, Meredith Akerman, Guang Qiu, A Makhnevich, J Cohen, G Wolf-Klein, R Pekmezaris) • Reducing Phlebotomy Utilization With Education and Changes to Computerized Provider Order Entry (Christopher Breen, Kevin Maguire, Amit Bansal, Stanley Russin, S West, A Dayal, A Berger, J Olson, B Hohmuth) • How Measurement Variability Affects Reporting of a Single Readmission Metric (Mark S. Brittan, Elizabeth J. Campagna, David Keller, A Kempe) • “THINK” Before You Order: Multidisciplinary Initiative to Reduce Unnecessary Lab Testing (Masih Shinwa, Adam Bossert, Iris Chen, Anna Cushing, Andrew S. Dunn, Jashvant Poeran, Sally Weinstein, Hyung J. Cho) • Development of a Multistep Hypertension Quality Improvement Program in an Academic General Medicine Practice (Mai-Khanh Bui-Duy, Shirley Wong, Rosemary Lam, Leah S. Karliner) • Effect of Patient and Provider Education on Antibiotic Overuse for Respiratory Tract Infections (Erin Chiswell, Debra Hampton, C T C Okoli) • Introducing a Clinical Documentation Specialist to Improve Coding and Collectability on a Surgical Service (Maria Castaldi, John McNelis) • Innovations in Pressure Injury Reporting: Creating Actionable Data for Improvement (Shea Polancich, Jason Williamson, Terri Poe, Amy Armstrong, Ross M. Vander Noot)
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Milbank Quarterly
Volume 97 (June 2019)

URL	https://www.milbank.org/quarterly/issues/june-2019/
Notes	<p>A new issue of the <i>Milbank Quarterly</i> has been published. Articles in this issue of the <i>Milbank Quarterly</i> include:</p> <ul style="list-style-type: none"> • A National Action Plan to Eliminate Vaccine Preventable Childhood Diseases (Lawrence O. Gostin) • Forty Years After Alma-Ata: At the Intersection of Primary Care and Population Health (Sandro Galea, Margaret E. Kruk) • The Promise—and Politics—of State Innovation for Health (Joshua M Sharfstein) • Medicare for All (Gail R. Wilensky) • Case Studies in Medicare for All (John E McDonough) • Reproductive Health: Assessing the Damage (Sara Rosenbaum) • A Climate of Ignorance Envelops the United States (David Rosner) • Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems (Hugh Alderwick, Laura M Gottlieb) • Legal Feasibility of US Government Policies to Reduce Cancer Risk by Reducing Intake of Processed Meat (Parke Wilde, Jennifer L Pomeranz, Lauren J Lizewski, Mengyuan Ruan, Dariush Mozaffarian, Fang Fang Zhang) • Normalizing Tobacco? The Politics of Trade, Investment, and Tobacco Control (Holly Jarman) • Legal Remedies to Address Stigma-Based Health Inequalities in the United States: Challenges and Opportunities (Valarie K Blake, Mark L Hatzenbuehler) • Introduction: State Innovation Models (Joshua M Sharfstein)

	<ul style="list-style-type: none"> • States Encouraging Value-Based Payment: Lessons From CMS’s State Innovation Models Initiative (Stephanie M Kissam, Heather Beil, Christina Cousart, Leslie M Greenwald, Jennifer T Lloyd) • Behavioral Health Integration With Primary Care: Implementation Experience and Impacts From the State Innovation Model Round 1 States (Heather Beil, Rose K Feinberg, Sheila V Patel, Melissa A Romaine) • Medicaid Accountable Care Organizations in Four States: Implementation and Early Impacts (Regina I Rutledge, Melissa A Romaine, Catherine L Hersey, William J Parish, Stephanie M Kissam, Jennifer T Lloyd)
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BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Patient experience surveys: reflections on rating a sacred trust (Catherine C Ferguson) • Safety-I, Safety-II and burnout: how complexity science can help clinician wellness (Andrew Smaggus)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Translating research on quality improvement in five European countries into a reflective guide for hospital leaders: the ‘QUASER Hospital Guide’ (Janet E Anderson; Glenn Robert; Francisco Nunes; Roland Bal; Susan Burnett; Anette Karlton; Johan Sanne; Karina Aase; Siri Wiig; Naomi J Fulop; QUASER team)

Online resources

[USA] *Patient Safety Primers*

<https://psnet.ahrq.gov/primers/>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials.

- **Burnout** This primer looks at the nature and impact of burnout among clinicians. Burnout among health care professionals is highly prevalent. Burnout is a syndrome of emotional exhaustion, depersonalization, and decreased sense of accomplishment at work that results in overwhelming symptoms of fatigue, exhaustion, cynical detachment, and feelings of ineffectiveness. Burnout has been associated with increased patient safety incidents, including medical errors, reduced patient satisfaction, and poorer safety and quality ratings.

<https://psnet.ahrq.gov/primers/primer/49/Burnout>

[UK] *After my surgery*

<https://www.york.ac.uk/che/patient-outcome-tool/index.html>

UK patient information that uses the results of the NHS **Patient Reported Outcome Measures (PROMS)** project to give potential patients an indication of how well surgery works for different people. This version allows users to enter their demographic and health status information and gain an indication of how similar people have fared following **hip replacement, knee replacement or groin hernia** operations.

Further details of the NHS PROMS work is available at <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms>

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