

Introduction to healthcare variation

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EVERYWHERE

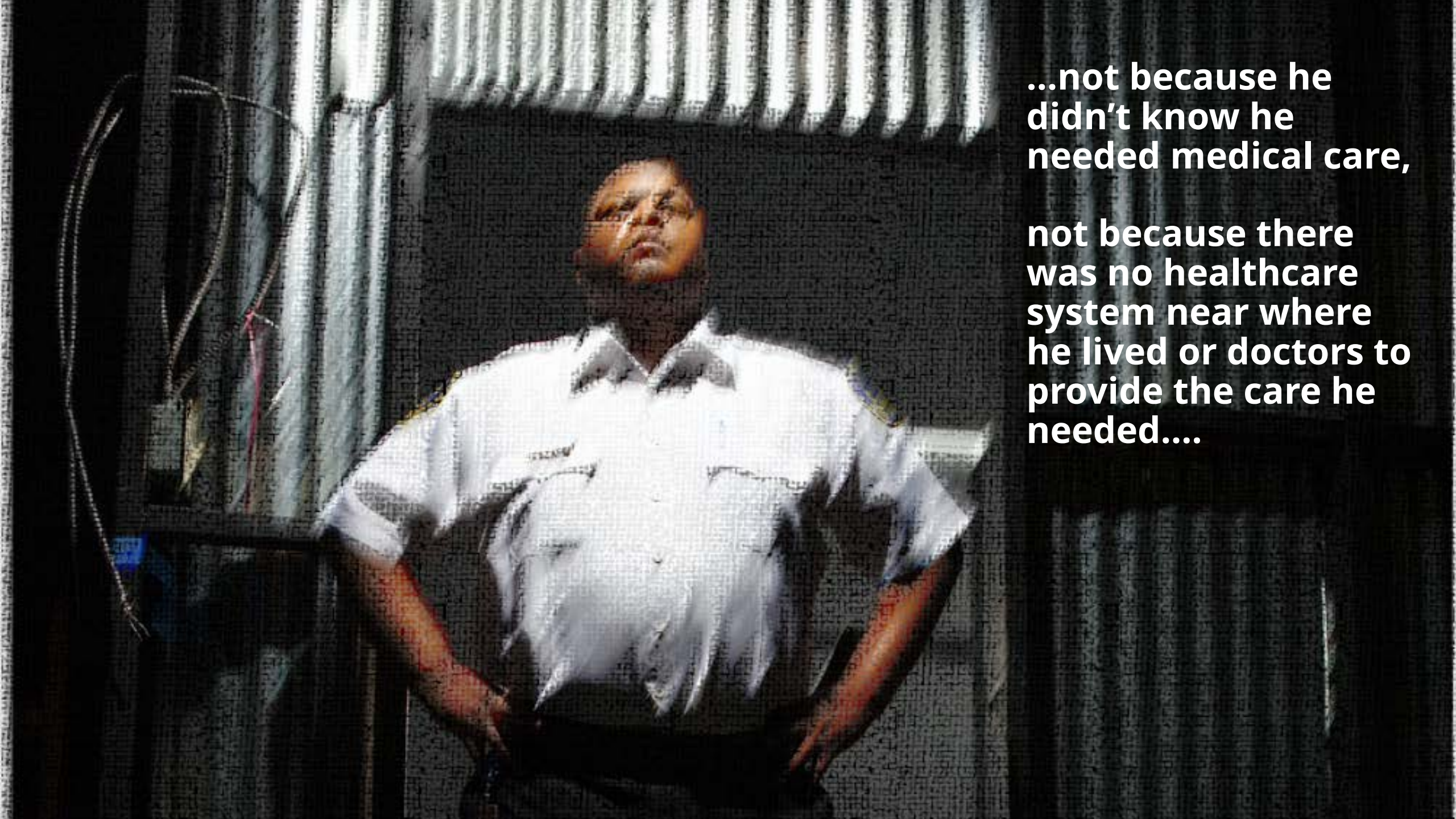


The story of AM

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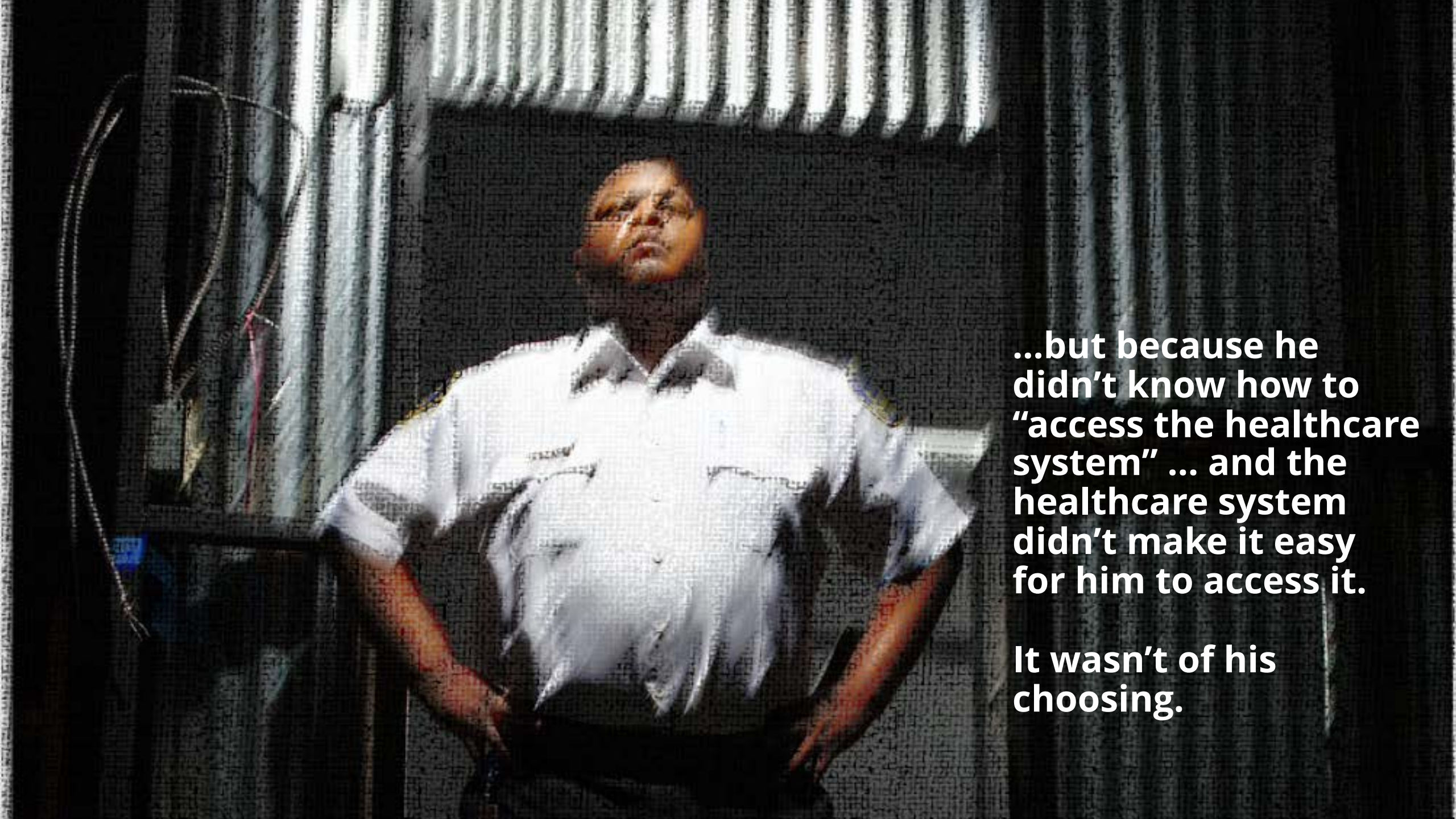






**...not because he
didn't know he
needed medical care,**

**not because there
was no healthcare
system near where
he lived or doctors to
provide the care he
needed....**



...but because he didn't know how to "access the healthcare system" ... and the healthcare system didn't make it easy for him to access it.

It wasn't of his choosing.

My team's response

- ✓ A liaison nurse to help patients with similar problems
- ✓ Appropriate triage
- ✓ Rapid advice, support and review

THE STORY OF AM

Examining healthcare variation is critical to providing quality care

Addressing **the causes**
of unwarranted
healthcare variation has
huge benefits to future
patients, and to us as
clinicians.

Today's talk

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Let's consider...

1. Why healthcare variation matters.
2. What's the difference between warranted and unwarranted healthcare variation?
3. How data about healthcare variation can improve health outcomes.
- 4. And, most importantly, what you can do in your sphere of influence.**

About healthcare variation

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Despite the gains...

**life expectancy
quality of life**



- ✓ new ways to diagnose conditions
- ✓ new ways to treat conditions
- ✓ new medications
- ✓ new surgical techniques

HEALTHCARE VARIATION

... healthcare variations persist

ACROSS COUNTRIES | WITHIN COUNTRIES | BETWEEN CULTURAL GROUPS | ACCORDING TO INSURANCE STATUS

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HEALTHCARE VARIATION

**Inequity
of access**
and failure to
deliver services
fairly

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Indication creep

and the need
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on the benefits
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interventions

**Gaps in
accessible
evidence**
and the need
for clinical care
standards

**Inadequate
system
supports**
and the need
for changes in
health system
design, training
or financial
incentives

Warranted variation

Healthcare variation can be the hallmark of a sophisticated healthcare system *reflecting a difference in patient needs, or preferences.*

AGE

eg osteoarthritis becomes more common in older age, so we would expect to see more treatment in this group

GENDER

eg breast cancer is more common in women, so we would expect to see more treatment in this group

RISK FACTORS

eg most lung cancer is caused by smoking, so higher rates of treatment should occur among smokers

PREFERENCE

eg choosing weight loss over surgery for management of knee osteoarthritis

Unwarranted variation

Where healthcare variation cannot be explained by either patient need or preference, that's typically an indication that *something needs to change*.

THE SYSTEM

- efficiency
- effectiveness or equity of resource allocation
- use of technology
- indication creep beyond the evidence

CLINICIANS

- distribution
- skill mix
- degree to which they apply evidence

CONSUMERS

- too little or too much access
- geographical / financial barriers
- lack of awareness of the risks and benefits of treatments
- lack of opportunity to partner in decision making

Why it matters

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WHY IT MATTERS

Glover & tonsillectomy

Sectional
page 95

Proceedings of the Royal Society of Medicine

Vol. XXXI
1219

Section of Epidemiology and State Medicine

President—Sir ARTHUR MACNALTY, K.C.B., M.D.

[May 27, 1938]

The Incidence of Tonsillectomy in School Children

J. ALISON GLOVER, O.B.E., M.D., F.R.C.P., D.P.H.

THE rise in the incidence of tonsillectomy is one of the major phenomena of modern surgery, for it has been estimated that 200,000 of these operations are performed annually in this country and that tonsillectomies form one-third of the number of operations performed under general anæsthesia in the United States. There are, moreover, features in the age, geographical and social distribution of the incidence, so unusual as to justify the decision of the Section of Epidemiology to devote an evening to its discussion.

1.

If you don't look you won't notice.

2.

If you don't look you won't
see the harm.

3.

What Glover couldn't answer
was why variation occurs.

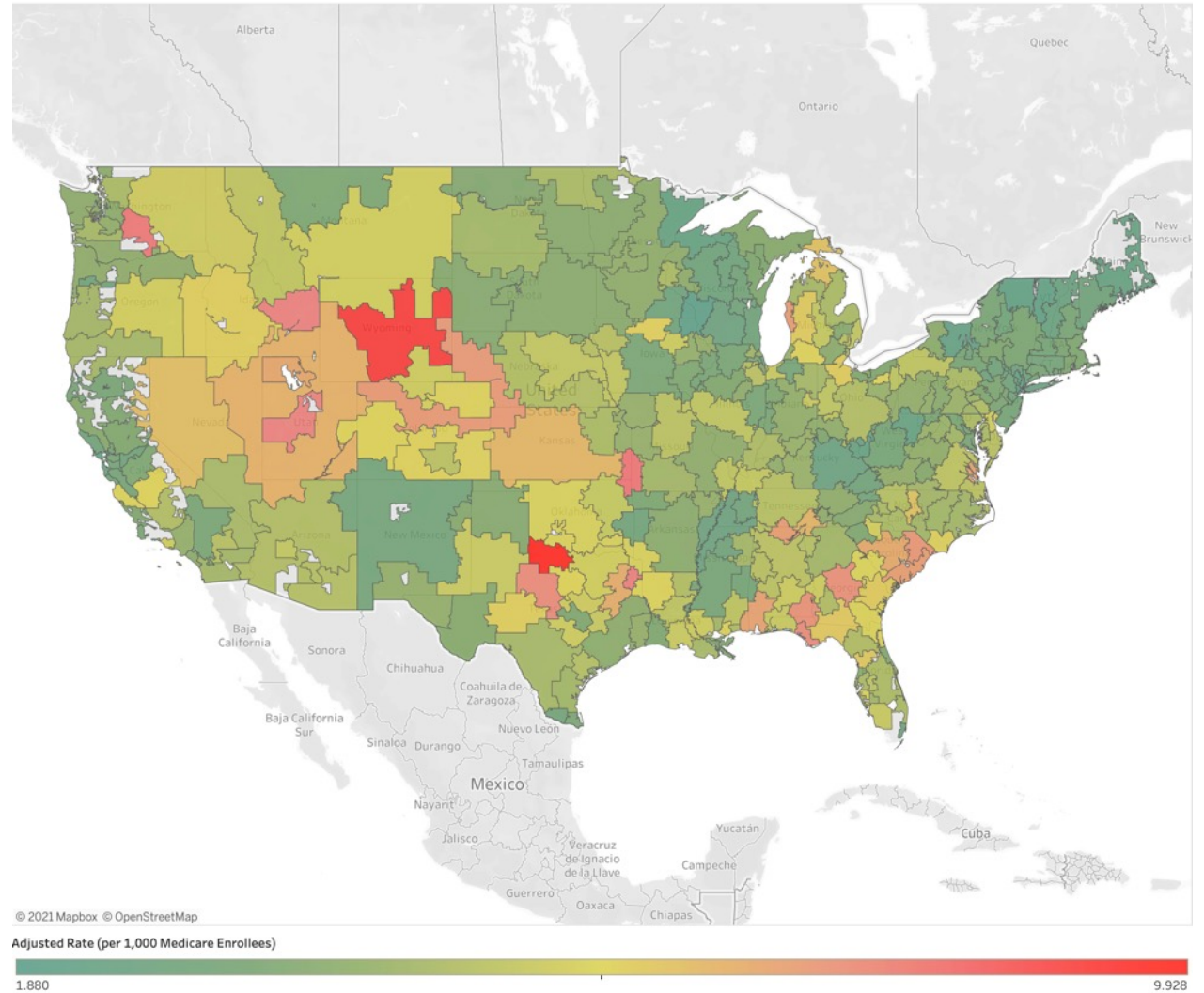
“...the mortality directly due
to tonsillectomy was greater than
is usually appreciated...”

WHY IT MATTERS

Dartmouth Atlas: variations in back surgery

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Map: Inpatient Back Surgery per 1,000 Medicare Enrollees, by HRR (2015)



WHY IT MATTERS

The Australian Atlas series



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Case study: osteoarthritis of the knee

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CASE STUDY

Using healthcare variation data to drive quality improvement

1

IDENTIFY

2

INVESTIGATE

3

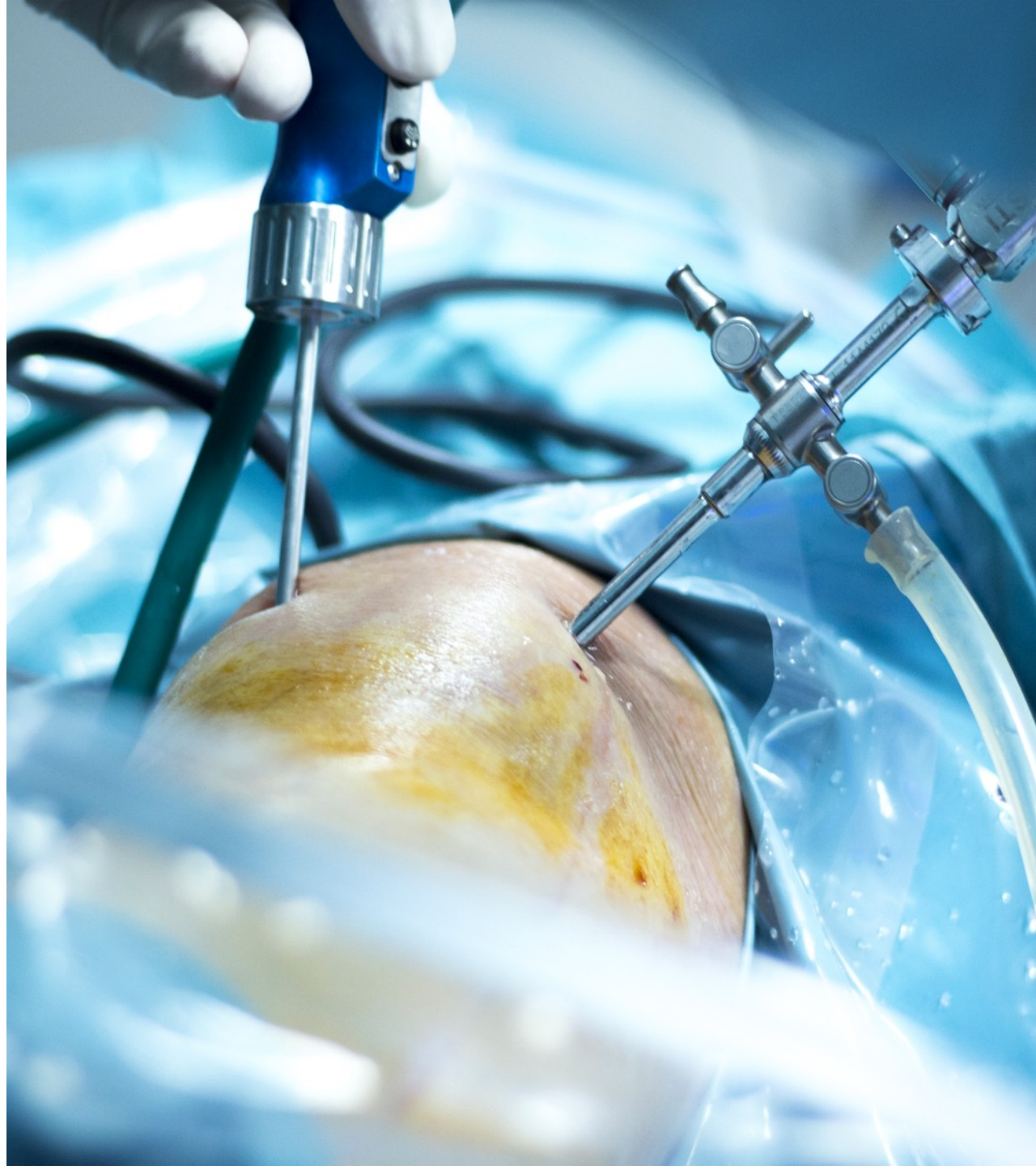
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CASE STUDY

1 IDENTIFY

Case study: knee arthroscopy in Australia

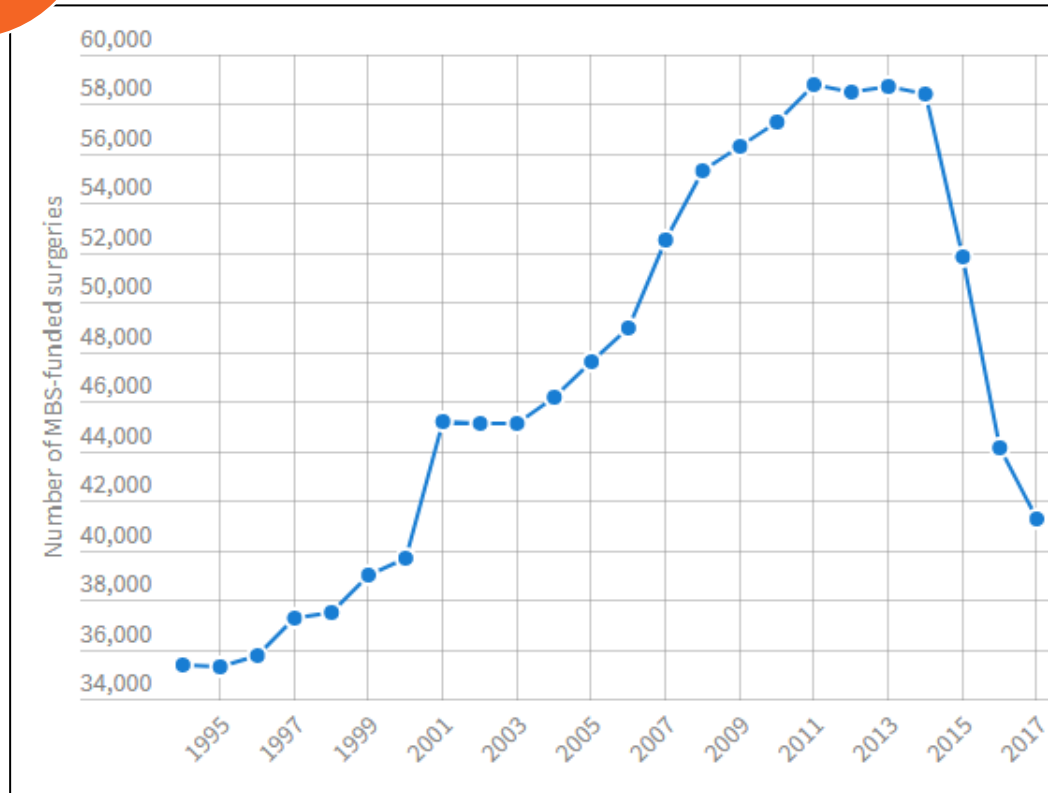
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CASE STUDY

1

IDENTIFY



Doctors began to seriously question the effectiveness of knee arthroscopy surgery for people with osteoarthritis as early as 2002 when the results of randomised control trials began to show little benefit.

However, the number of surgeries continued to skyrocket for the next 10 years.



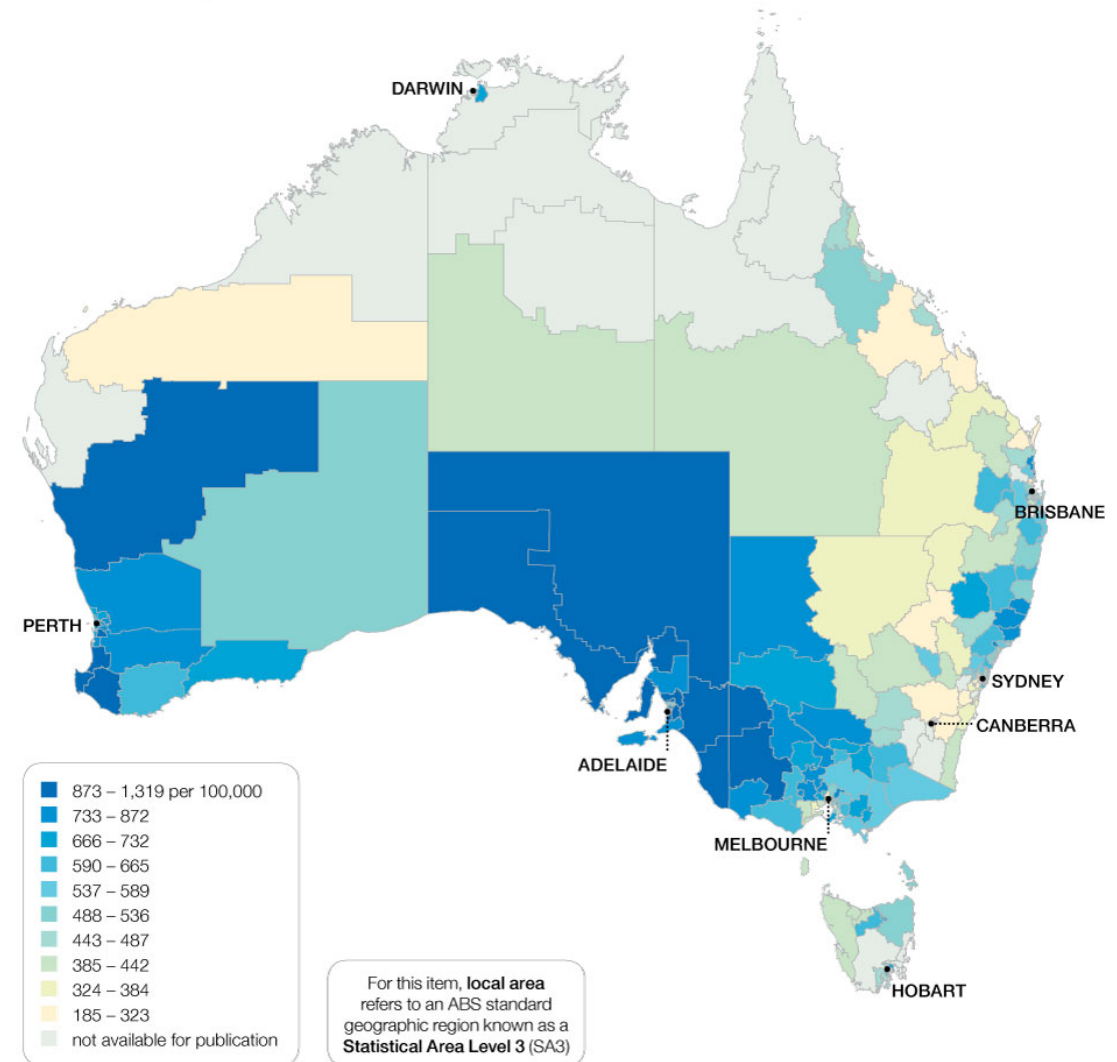
CASE STUDY

2 INVESTIGATE

- Mapped 33,000 admissions for knee arthroscopy.
- Found marked variation, with particularly high rates in South Australia.
- In people aged 55+ the rate was 7x higher in the area with the highest rate v the area with the lowest rate.

Knee arthroscopy hospital admissions 55 years and over

Figure 30: Number of knee arthroscopy admissions to hospital per 100,000 people aged 55 years and over, age standardised, by local area, 2012–13



3 ADDRESS

So what did we do?

- We fed the data back to **each state and territory**
- We fed the data back to **local health services**
- We provided the data to the Commonwealth, the funders of the MBS, and they **revised the funding of knee arthroscopy**
- We identified a gap in the guidance to support best practice and **developed a clinical care standard** to fill that gap



CASE STUDY

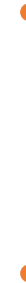
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ADDRESS

rate of knee
arthroscopy
in Australia
HALVED



512 per 100,000
in 2012



247 per 100,000
in 2019

Your resources

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RESOURCES

safetyandquality.gov.au

MediaCareersContact us


What are you looking for?

HomeStandardsOur workCOVID-19Publications and resourcesFor consumersAbout us



Safety.
Quality.
Every person.
Everywhere.
Every time.


News and media



Supporting safe and effective digital mental health care

...and effective digital mental health care

...al Safety and Quality Digital Mental Health Standards, at a time when the delivery of high-quality mental health care has never been more important.




NEW

ANTIMICROBIAL STEWARDSHIP

Clinical Care Standard

Managing patients on antimicrobials

Find out about strengthened recommendations



Primary Healthcare Standards

CONSULTATION EXTENDED

Consultation closes 29 January 2021

You now have more time to review Australia's

I want to...

Go to the NSQHS Standards

Go to the National Hand Hygiene Initiative

Go to the Digital Mental Health Standards

Search the resource library

Work at the Commission

See open consultations

Draft National Safety and Quality Primary Healthcare (NSQPH) Standards

Draft Acute Anaphylaxis Clinical Care Standard

RESOURCES

COMING IN 2021

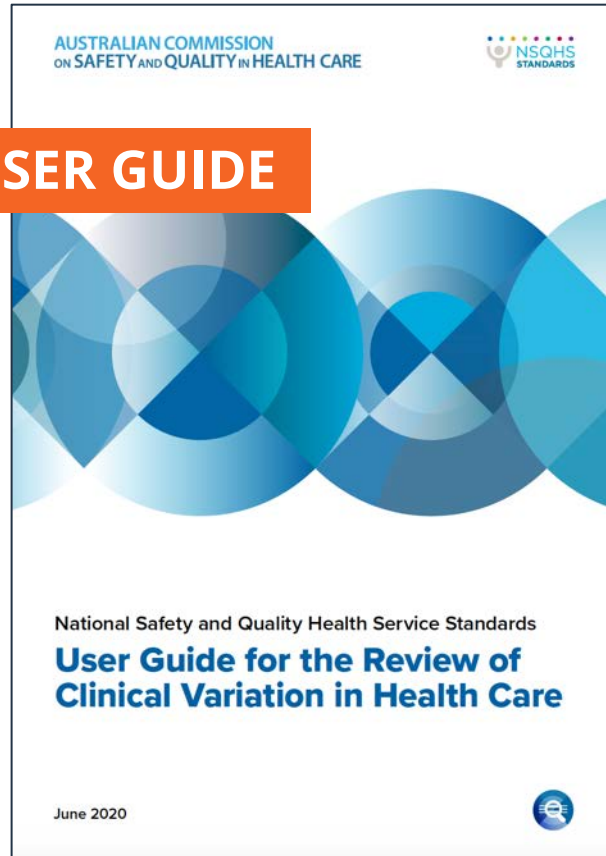


ATLAS ONLINE

The screenshot shows the website of the Australian Commission on Safety and Quality in Health Care. The header is dark blue with the organization's name and a search bar. A navigation menu includes 'Home', 'Standards', 'Our work', 'COVID-19', 'Publications and resources', 'For consumers', and 'About us'. The main content area is titled 'Third Atlas 2018' and includes a paragraph about the atlas's release on 11 December 2018, covering neonatal and paediatric health, cardiac tests, thyroid investigations, and gastrointestinal investigations. To the right is a map of Australia with a color gradient. Below the text are 'Print' and 'Share' buttons. A sidebar on the right lists 'Our work' with 'Healthcare Variation' selected, and 'Atlas 2018' listed under the 'Australian Atlas of Healthcare Variation series'. The bottom of the sidebar has a link to 'How to interpret the data'.

RESOURCES

USER GUIDE



CLINICAL STANDARDS

RESOURCES

All of us clinicians have a responsibility to measure our outcomes: against our peers, against relevant standards, or against outcome data from registries.

Download our [User Guide](https://safetyandquality.gov.au/clinical-variation-user-guide) at safetyandquality.gov.au/clinical-variation-user-guide and join other early adopters working to reduce unwarranted clinical variation.



Up next

- Introduction to the *Atlas* series
- Q&A with Anne Duggan and Debora Picone AO



AUSTRALIAN
COMMISSION
ON SAFETY AND
QUALITY IN
HEALTH CARE

bettercareeverywhere.gov.au

