

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Media release: UNDER EMBARGO to 5am, Wednesday 7 June 2017

Second Atlas highlights opportunities for healthcare improvement

A landmark new report to be launched today shows large variations in the provision of common health treatments across the country – giving health experts and clinicians valuable new information that will help to ensure more patients get the most effective and appropriate care.

The *Second Australian Atlas of Healthcare Variation* shows variation in the use of specific types of health care across more than 300 local areas nationally, with a specific chapter on women's health. Types of care examined include hysterectomy, cataract surgery, knee replacement and potentially preventable hospitalisations for selected conditions, including diabetes complications.

The Atlas has been developed by the Australian Commission on Safety and Quality in Health Care, and will be launched in Canberra today by the Secretary of the Australian Government Department of Health, Mr Martin Bowles PSM, supported by a number of guest speakers including women's health campaigner and journalist Mia Freedman.

Hysterectomy is generally becoming less common in developed countries, following the introduction of less invasive but still highly effective treatment options. Evidence suggests women tend to choose these more conservative treatments when offered. However, hysterectomy in Australia remains more common than in many other comparable countries. The Atlas shows rates are up to seven times as high in the area with the highest rate compared to the area with the lowest rate – suggesting that not all women are aware of the range of treatment options available.

Endometrial ablation, a surgical technique for abnormal uterine bleeding, is regarded as less invasive and is therefore often a preferred alternative to hysterectomy for this condition. Endometrial ablation shows even higher variation than hysterectomy, with rates nearly 21 times as high in the highest compared to the lowest areas – the largest difference found in the Atlas. Again, this suggests that not all women are aware of the available treatment options.

Access to effective secondary prevention programs can significantly reduce the need for hospitalisation for many chronic conditions. The new Atlas finds up to 16-fold variations in the rates of hospitalisations for some chronic conditions – representing an improvement opportunity for the health system. The high hospitalisation rates and substantial variations reported in this chapter show that recommended care is not always provided for people with these conditions.

Almost half (47%) of the potentially preventable hospitalisations in Australia in 2014–15 were associated with the five conditions included in a chapter on this topic: chronic obstructive pulmonary disease (COPD), diabetes complications, heart failure, cellulitis and kidney and urinary tract infections. On these and other topics, the Atlas includes the Commission's recommendations for action across the health system to address variation where this appears to be unwarranted.

The second Atlas also provides information about hospitalisation rates for Aboriginal and Torres Strait Islander Australians, about the percentage of services funded publicly and privately, and includes analysis by socioeconomic status. Aboriginal and Torres Strait Islander Australians have much higher potentially preventable hospitalisation rates for many of the chronic and acute conditions specified in the Atlas: nearly five times as high as other Australians for COPD, and about four times as high for diabetes complications. Aboriginal and Torres Strait Islander Australians also have a 17% lower rate for cataract surgery compared to other Australians, raising questions about equity. The lower rate for cataract surgery is despite the fact that the prevalence of vision loss from cataract is 12 times as high in Aboriginal and Torres Strait Islander populations.

The Commission collaborated with the Australian Government, state and territory governments, specialist medical colleges, clinicians and consumer representatives, and the Australian Institute of Health and Welfare to develop the Atlas.

Atlas Advisory Group chair Professor Anne Duggan, a Senior Medical Advisor for the Commission, said the findings contained a number of good news stories for the health system, as well as new information for clinicians on where efforts could be targeted to improve patient care.

‘Australians are fortunate in having world-class health care, including surgical care. Landmark accomplishments in surgical practice have revolutionised surgical care, saved countless lives, and significantly improved longevity and the quality of life,’ Professor Duggan said.

‘However, there is variation in the use of health care in Australia, including surgery. You always expect to find some variation, and in many cases this is a good thing, as it shows the health system is responding to the higher or lower health needs or preferences of people in different areas. But these very large differences we are seeing suggest some of this variation may be unwarranted.

‘The goal is appropriate care – the right care for the right person, at the right time. The Atlas focuses on areas of health care in which the thinking about what treatments work best has changed considerably in recent years, either because better treatments have come along or because the evidence about existing treatments has shifted. The Atlas helps us to see which local areas could benefit further from these newer and better approaches.’

The second Atlas includes case studies showcasing the good work already being done to improve care nationally.

ENDS

Media enquiries

Adam Cresswell – 0402 297 674

Katherine Barnsley – 0429 211 376

communications@safetyandquality.gov.au

Find the Atlas online at www.safetyandquality.gov.au

Note to editors: The Australian Institute of Health and Welfare completed the analyses and presentation of data for the Second Atlas.

Attachment 1: Highlighted examples of variations found in the Atlas

Hysterectomy (number of hospitalisations per 100,000 women aged 15 years and over, 2014–15)

	Rate (number per 100,000)	For people living in
Highest rate	763	Maryborough-Pyrenees (Vic)
Lowest rate	115	Gungahlin (ACT)
	6.6-fold difference	

Endometrial ablation (number of hospitalisations per 100,000 women aged 15 years and over, 2012–13 to 2014–15)

	Rate (number per 100,000)	For people living in
Highest rate	390	Burnie-Ulverstone (Tas)
Lowest rate	19	Fairfield (NSW)
	20.5-fold difference	

Chronic obstructive pulmonary disease (number of potentially preventable hospitalisations per 100,000 people, 2014–15)

	Rate (number per 100,000)	For people living in
Highest rate	990	Alice Springs (NT)*
Lowest rate	63	Sherwood-Indooroopilly (Qld)
	15.7-fold difference	

* Two local areas recorded higher rates but these are excluded from the fold difference as they need to be treated with caution.

Diabetes complications (number of potentially preventable hospitalisations per 100,000 people, 2014–15)

	Rate (number per 100,000)	For people living in
Highest rate	601	Outback-North (Qld)*
Lowest rate	52	Manly (NSW) and Brisbane Inner-West (Qld)
	11.6-fold difference	

* One local area recorded a higher rate but this is excluded from the fold difference as it needs to be treated with caution.

Knee replacement (number of hospitalisations per 100,000 people aged 18 years and over, 2014–15)

	Rate (number per 100,000)	For people living in
Highest rate	507	Mid West (WA)
Lowest rate	128	Maribyrnong (Vic) and Darwin City (NT)
	4.0-fold difference	

Attachment 2: Variations across all topics

Topic	Lowest rate*	Lowest rate location(s)	Highest rate*	Highest rate location(s)	Times difference
Chapter 1: Potentially preventable hospitalisations (number per 100,000)					
Chronic obstructive pulmonary disease (COPD)	63	Sherwood-Indooroopilly (Qld)	990	Alice Springs (NT)	15.7
Heart failure	90	Dural-Wisemans Ferry (NSW)	632	Kimberley (WA)	7.0
Cellulitis	102	Nillumbik-Kinglake (Vic) and Meander Valley-West Tamar (Tas)	1,262	Kimberley (WA)	12.4
Kidney and urinary tract infections	140	Barwon-West (Vic)	899	Kimberley (WA)	6.4
Diabetes complications	52	Manly (NSW) and Brisbane-Inner West (Qld)	601	Outback-North (Qld)	11.6
Chapter 2: Cardiovascular conditions (number per 100,000)					
Acute myocardial infarction hospitalisations (people aged 35–84)	105	Chatswood-Lane Cove (NSW)	905	Far North (Qld)	8.6
Atrial fibrillation hospitalisations (people aged 35 and over)	192	Meander Valley-West Tamar (Tas)	740	Tablelands (East)-Kuranda (Qld)	3.9
Chapter 3: Women's health and maternity					
Women's health (number per 100,000)					
Hysterectomy hospitalisations (women aged 15 and over)	115	Gungahlin (ACT)	763	Maryborough-Pyrenees (Vic)	6.6
Endometrial ablation hospitalisations (women aged 15 and over)	19	Fairfield (NSW)	390	Burnie-Ulverstone (Tas)	20.5
Cervical loop excision or cervical laser ablation hospitalisations (women aged 15 and over)	23	Goldfields (WA)	408	Lithgow-Mudgee (NSW)	17.7
Maternity (number per 1,000)					
Caesarean section (selected women aged 20–34 years)	147	Baw Baw (Vic)	438	Bribie-Beachmere (Qld)	3.0
Third- and fourth-degree perineal tears (vaginal births)	6	Inverell-Tenterfield (NSW) and Mandurah (WA)	71	Surfers Paradise (Qld)	11.8
Chapter 4: Surgical interventions (number per 100,000)					
Knee replacement hospitalisations, people aged 18 and over	128	Maribyrnong (Vic) and Darwin City (NT)	507	Mid West (WA)	4.0
Laparoscopic cholecystectomy hospitalisations	89	South Perth (WA)	392	Hawkesbury (NSW)	4.4
Appendicectomy hospitalisations	103	Woden (ACT)	360	Hawkesbury (NSW)	3.5
Cataract surgery hospitalisations, people aged 40 and over	835	Brighton (Tas)	3,279	North East (Tas)	3.9
Lumbar spine decompression hospitalisations, people aged 18 and over	30	Far North (Qld)	156	Eastern Suburbs-North (NSW)	5.2
Lumbar spine fusion hospitalisations, people aged 18 and over	10	Campbelltown (SA)	69	Huon-Bruny Island (Tas)	6.9

* Local areas recorded higher rates but these are excluded from the fold difference as they need to be treated with caution.

Note to editors

The data in the Atlas have been age standardised (that is, controlled for age) so fair comparisons can be made between areas that may have different age structures. Without age standardisation, it would be difficult to know whether higher rates of hospitalisation in an area with a large number of retirees, for example, were due only to the older age of the local population. The data are also sex standardised (except for the women's health and maternity items), so that having a larger proportion of males or females in an area does not influence the findings.

About the Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, consumers, clinicians, managers, policy makers and health care organisations, our aim is to achieve a sustainable, safe and high-quality health system. The Commission has an ongoing program of significant national activities with outcomes that are demonstrating direct patient benefit as well as creating essential underpinnings for ongoing improvement. The Commission aims to use its role as the national body for safety and quality in health care in Australia to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care.