



On the Radar

Issue 264

14 March 2016

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On the Radar

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Reports

Patient safety 2030

Yu A, Flott K, Chainani N, Fontana G, Darzi A

London: NIHR Imperial Patient Safety Translational Research Centre; 2016. p. 45.

URL	http://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/centre-for-health-policy/Patient-Safety-2030-Report-VFinal.pdf
Notes	This report from the NIHR Patient Safety Translational Research Centre at Imperial College London and Imperial College Healthcare NHS Trust asserts that there is a need for a 'toolbox' for patient safety which includes using digital technology to improve safety; providing robust training and education, and strengthening leadership at the political, organisational, clinical and community levels. The report's authors argue that interventions implemented to reduce avoidable patient harm must be engineered with the whole system in mind, and must empower patients and staff to become more involved in preventing harm and improving care.

Bringing together physical and mental health: A new frontier for integrated care

Naylor C, Das P, Ross S, Honeyman M, Thompson J, Gilbert H

London: The King's Fund; 2016. p. 122.

URL	http://www.kingsfund.org.uk/publications/physical-and-mental-health
Notes	<p>The King’s Fund in the UK have released this report claiming that the psychological problems associated with physical health conditions, and vice versa, are costing the NHS more than £11 billion a year and care is less effective than it could be. The report argues that by integrating physical and mental health care the NHS can improve health outcomes and save money.</p> <p>The £11 billion a year is the collective cost of:</p> <ul style="list-style-type: none"> • high rates of mental health issues among those with long-term conditions such as cancer, diabetes or heart disease • limited support for the psychological aspects of physical health, for example during and after pregnancy • poor management of ‘medically unexplained symptoms’ such as persistent pain or tiredness. <p>The authors argue that the separation between physical and mental health has a high human cost: in the UK the life expectancy for people with severe mental illness is 15 to 20 years below that of the general population</p> <p>The report identifies 10 areas where there is particular scope for improvement across the system from enhancing mental health input in acute hospitals and assessing physical health problems in mental health inpatient facilities, to increased support for GPs in managing people with complex conditions. The ten priorities identified are:</p> <ol style="list-style-type: none"> 1. Incorporating mental health into public health programmes 2. Promoting health among people with severe mental illnesses 3. Improving management of medically unexplained symptoms in primary care 4. Strengthening primary care for the physical health needs of people with severe mental illnesses 5. Supporting the mental health of people with long-term conditions 6. Supporting the mental health and wellbeing of carers 7. Supporting mental health in acute hospitals 8. Addressing physical health in mental health inpatient facilities 9. Providing integrated support for perinatal mental health 10. Supporting the mental health needs of people in residential homes.

Journal articles

Era 3 for medicine and health care

Berwick DM

Journal of the American Medical Association. 2016 [epub].

DOI	http://dx.doi.org/10.1001/jama.2016.1509
Notes	<p>In this Viewpoint piece Don Berwick describes medicine as undergoing “an epic collision of 2 eras with incompatible beliefs” before positing a new era, era 3. While “Era 1 is the era of professional dominance. Era 2 is the era of accountability and market theory” he argues that “It is time for era 3—guided by updated beliefs that reject both the protectionism of era 1 and the reductionism of era 2.” His era 3 requires nine important changes:</p>

	<ol style="list-style-type: none"> 1. Reduce Mandatory Measurement 2. Stop Complex Individual Incentives 3. Shift the Business Strategy From Revenue to Quality 4. Give Up Professional Prerogative When It Hurts the Whole 5. Use Improvement Science 6. Ensure Complete Transparency 7. Protect Civility 8. Hear the Voices of the People Served 9. Reject Greed.
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Health Affairs

March 2016; Volume 35, Issue 3

URL	http://content.healthaffairs.org/content/35/3.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the somewhat omnibus theme ‘Physicians, Prescription Drugs, ACOs & More’. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Aging & Health: Medicare Coverage For Advance Care Planning: Just The First Step (David Tuller) • Care Management Processes Used Less Often For Depression Than For Other Chronic Conditions In US Primary Care Practices (Tara F Bishop, Patricia P Ramsay, L P Casalino, Y Bao, H A Pincus, and S M Shortell) • US Physician Practices Spend More Than \$15.4 Billion Annually To Report Quality Measures (Lawrence P Casalino, David Gans, Rachel Weber, Meagan Cea, Amber Tuchovsky, Tara F Bishop, Yesenia Miranda, Brittany A Frankel, Kristina B Ziehler, M M Wong, and T B Evenson) • The Medical Profession’s Future: A Struggle Between Caring For Patients And Bottom-Line Pressures (Phillip Miller) • Fee-For-Service, While Much Maligned, Remains The Dominant Payment Method For Physician Visits (Samuel H Zuvekas and Joel W Cohen) • Understanding The Strengths And Weaknesses Of Public Reporting Of Surgeon-Specific Outcome Data (Elaine M Burns, Chris Pettengell, Thanos Athanasiou, and Ara Darzi) • Patient Population Loss At A Large Pioneer Accountable Care Organization And Implications For Refining The Program (John Hsu, Mary Price, Jenna Spirt, Christine Vogeli, Richard Brand, Michael E Chernew, Sreekanth K Chagaturu, Namita Mohta, Eric Weil, and Timothy Ferris) • Variation In Accountable Care Organization Spending And Sensitivity To Risk Adjustment: Implications For Benchmarking (Sherri Rose, Alan M Zaslavsky, and J Michael McWilliams) • Retail Clinic Visits For Low-Acuity Conditions Increase Utilization And Spending (J Scott Ashwood, Martin Gaynor, Claude M Setodji, Rachel O Reid, Ellerie Weber, and Ateev Mehrotra) • Medicare Letters To Curb Overprescribing Of Controlled Substances Had No Detectable Effect On Providers (Adam Sacarny, David Yokum, Amy Finkelstein, and Shantanu Agrawal) • Adding A Measure Of Patient Self-Management Capability To Risk Assessment Can Improve Prediction Of High Costs (Judith H Hibbard, Jessica Greene, Rebecca Sacks, Valerie Overton, and Carmen D Parrotta) • Meaningful Use Of EHRs Among Hospitals Ineligible For Incentives Lags Behind That Of Other Hospitals, 2009–13 (Daniel Walker, Arthur Mora,

	<p>Mollye M. Demosthenidy, Nir Menachemi, and Mark L. Diana)</p> <ul style="list-style-type: none"> • Understanding What Makes Americans Dissatisfied With Their Health Care System: An International Comparison (Joachim O. Hero, Robert J. Blendon, Alan M. Zaslavsky, and Andrea L. Campbell) • Evaluation Of A Maternal Health Program In Uganda And Zambia Finds Mixed Results On Quality Of Care And Satisfaction (Margaret E. Kruk, Daniel Vail, Katherine Austin-Evelyn, Lynn Atuyambe, Dana Greeson, Karen Ann Grépin, Simon P. S. Kibira, Mubiana Macwan'gi, Tsitsi B. Masvawure, Miriam Rabkin, Emma Sacks, Joseph Simbaya, and Sandro Galea) • Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave (LeaAnne DeRigne, Patricia Stoddard-Dare, and Linda Quinn)
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BMJ Quality and Safety online first articles

URL	http://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"> • Editorial: Lean and the perfect patient experience (C Craig Blackmore, Gary S Kaplan) • Editorial: Unwanted patients and unwanted diagnostic errors (Donald A Redelmeier, Edward E Etchells) • Editorial: Self-care after hospital discharge: knowledge is not enough (Leora I Horwitz) • Do patients' disruptive behaviours influence the accuracy of a doctor's diagnosis? A randomised experiment (H G Schmidt, Tamara van Gog, Stephanie CE Schuit, Kees Van den Berge, Paul LA Van Daele, Herman Bueving, Tim Van der Zee, Walter W Van den Broek, Jan LCM Van Saase, Sílvia Mamede) • Why patients' disruptive behaviours impair diagnostic reasoning: a randomised experiment (Sílvia Mamede, Tamara Van Gog, Stephanie C E Schuit, Kees Van den Berge, Paul L A Van Daele, Herman Bueving, Tim Van der Zee, Walter W Van den Broek, Jan L C M Van Saase, H G Schmidt) • Getting the improvement habit (Bill Lucas)

International Journal for Quality in Health Care online first articles

URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
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"> • Editorial: Work environment and quality improvement in healthcare (Usman Iqbal, Shabbir Syed-Abdul, and Yu-Chuan (Jack) Li)

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