



High value healthcare

Context

- The treatments and procedures performed for particular health concerns vary within similar populations and between clinicians. Contemporary medicine may vary in the use of medications, interventions and procedures which can lead to differences or variation in outcomes.⁽¹⁾
- Addressing clinical variation is critical in improving the quality, value and appropriateness of healthcare. Unwarranted variation may lead to harmful outcomes for patients and increased cost for the health system which must be addressed.⁽²⁾
- Wasteful clinical care includes avoidable instances when patients do not receive the right care, such as doubling up on services or tests, preventable clinical adverse events and low value care.^(2, 3)
- High value healthcare means that consumers receive safe and high quality services and effective care based on clinical evidence, whilst also addressing system waste by directing resources to where they are most needed.
- Studies show that wasteful healthcare is a significant problem in Australia, however, identifying and measuring wastefulness is not straightforward.⁽⁴⁾
- Submissions to the Sustainable Health Review (SHR) heard of the need to reduce unnecessary diagnostic testing and interventions. Some submissions stressed the importance of data collection and analysis and transparent reporting as a key enabler to address this issue. It was also highlighted that reducing unwarranted clinical variation cannot be done in isolation from clinicians, and meaningful engagement with clinicians must form a part of the solution. There is work currently underway in Western Australia (WA) to address unwarranted clinical variation but some of this is uncoordinated and duplicative. There is a clear opportunity to enhance collaboration for the development and implementation of reform.
- At a system level, the WA health system has made some progress addressing unwarranted variation; however there is a need to further investigate the causes of variation in some instances. This requires access to the right data and information, at the right time, by the right parties. Once identified, addressing unwarranted variation will require change at clinical, health service and systems levels, ensuring high quality care and optimal outcomes for patients.

Ensuring services are evidence-based and of genuine value to patients

- Internationally and within Australia there is a move for increased scrutiny of healthcare services to ensure that services will actually be of genuine value to patients.
- Within Australia, the Commonwealth is pursuing its Choosing Wisely Australia initiative, which is endeavouring to eliminate unnecessary and sometimes harmful tests and procedures.

- The Commonwealth-led work on Choosing Wisely has already brought into question a range of Commonwealth and State-funded and delivered services. Two examples are:
 - *Appropriate and responsible use of antibiotics* to reduce the further development of antibiotic resistance. It is proposed that some conditions for which antibiotics have been routinely prescribed, but for which they have been shown to deliver little benefit, now be treated via means not involving the use of antibiotics. An example is middle ear infections in children, where antibiotic use has been demonstrated to yield only minor benefits. These benefits must be weighed against the risk of side-effects such as rash, diarrhoea and vomiting. ⁽⁵⁾
 - *End of life care*, where Choosing Wisely recommendations focus on optimising care for patients in various settings (Intensive Care Unit, emergency department and palliative care) and the decisions that should be made by clinicians, families and patients. In this field consideration is being given to matters including advance care planning, early palliative care referral, use of oxygen for non-hypoxic patients, percutaneous feeding in advanced dementia and medication reviews or avoid drug interactions. ⁽⁶⁾
- WA should monitor the Choosing Wisely recommendations and apply them as appropriate to service delivery by the WA health system. Consideration could also be given to the State pursuing its own parallel initiative where clinicians and their State-based representative bodies could be asked to identify services delivered in hospitals that yield little or no benefit to patients or could cause harm, with a view to eliminating those services.

Eliminating undesirable clinical variation

- Some variation in clinical care is desirable and necessary – it reflects differences in people’s need for healthcare, however unwarranted variation signals that people are not getting appropriate care. ⁽¹⁾
- In this regard, the Australian Atlas of Healthcare Variation has highlighted that there is substantial variation within Australia in the rates at which different services are being provided. Two examples noted in *The First Australian Atlas of Healthcare Variation (2015)* ⁽⁷⁾ were:
 - ‘Rates of Medicare Benefits Scheme funded knee arthroscopy in people aged 55 and over were seven times higher in some areas of Australia than in others. Despite the evidence that knee arthroscopy is of little benefit for people with osteoarthritis, and may in fact cause harm, more than 33,000 operations were performed in Australia.’
 - ‘Women living in regional areas of Australia were up to five times more likely to undergo a hysterectomy or endometrial ablation for abnormal uterine bleeding than those living in cities.’
- It is important to identify and understand clinical variation to ensure that patients receive services that will appropriately respond to their health needs. For key services where variations are identified, there should be clinical pathways developed to support clinicians to pursue a best practice approach to responding to the needs of patients and provide guidance about the circumstances in which particular services should be provided.

Consistent Health Technology Assessment and planned approach to the implementation of new technologies

- Health Technology Assessments (HTAs) are a process of evaluating health services, technologies and treatments for cost effectiveness and safety and are typically conducted on

pharmaceuticals, medical devices, medical procedures and public health interventions.⁽⁸⁾ HTAs have been identified as an area requiring further work in progressing towards the next National Health Agreement.

- In work undertaken on this topic at a national level objectives have been defined as being:
 - A clear understanding of roles and responsibilities of all parties involved in HTA (Commonwealth, State and Territory, national bodies and non-government bodies) to better coordinate current systems and reduce fragmentation and duplication.
 - The establishment of mechanisms for sharing assessment, research and evaluation information and knowledge between all stakeholders.
 - Timely, open and transparent assessment and implementation pathways that allow for earlier translation of effective innovation/new health technologies.
- A paper presented to the Council of Australian Governments on this topic comments that HTA and approaches to investment in Australia are fragmented and uncoordinated with all levels of the health system using formal and informal processes. However, there is the potential to achieve greater efficiencies through alignment and/or linkages between processes and HTA and investment bodies.
- Within WA, improvements could be made to the decision making approach regarding the purchase, introduction and dissemination of new technologies, including equipment, procedures and medications.
- The WA Auditor General's 2017 report on the *Management of Medical Equipment* highlighted the lack of oversight of medical equipment purchasing and management within the WA health system. It noted that the East Metropolitan Health Service was the only provider that had its own medical health technology management unit.⁽⁹⁾
- In 2017, the health system devolved all responsibility for the majority of health technology to the area health services. However, there are sound reasons why this function should be managed centrally, including:
 - achieving a consistent approach (avoiding different health services pursuing different approaches to evaluating technologies, and making inconsistent investment decisions)
 - concentrating the expertise necessary to do horizon scanning
 - coordination so that, if there is an expensive new technology, it might for example be made available at one site with access shared by other health services
 - to provide a single point of contact regarding health technologies with Commonwealth agencies and other jurisdictions.
- Accordingly, it may be most sensible for there to be a centrally located HTA unit, which evaluates and plans the use of new technologies.

Exemplars considered

A range of exemplars were identified throughout the course of the SHR in public submissions, Clinical and Consumer and Carer Reference Groups, Working Groups and in public forums. The following exemplars are indicative, however are not an exhaustive list of the exemplars considered throughout the SHR.

Atlases of Healthcare⁽⁷⁾

- The Atlases of Healthcare report the extent to which procedures and costs (and in some hospital discharges and end of life care) vary by region. The *Dartmouth Atlas of Healthcare* was the original atlas which reported on clinical variation.
- The *Australian Atlas of Healthcare Variation* aims to report indicators as age standardised rates, with geographic variation compared nationally. Data sources used include the National Admitted Patient Dataset, National Perinatal Data Collection, Medicare Benefits Scheme and Pharmaceutical Benefits Scheme.⁽¹⁰⁾ The Australian Commission on Safety and Quality in Healthcare includes recommendations for addressing variation with each subsequent Atlas release which are targeted at various stakeholders, including medical specialist societies and state and territory health departments.

Choosing Wisely, Australia⁽¹¹⁾

- Choosing Wisely is an international campaign active in Australia which seeks to start conversations amongst healthcare providers and consumers about improving the quality of healthcare by eliminating unnecessary and sometimes harmful tests, treatments and procedures.
- Choosing Wisely partners with medical colleges, societies and the community to put together a list of tests, procedures and treatments which are publicly available on their website. The campaign also involves facilitating conversations about the value of care.
- The initiative has reported positive results, with around 7,000 general practitioners across Australia participating in face-to-face visits through a program to reduce inappropriate referrals for ultrasound x-ray for acute ankle and knee injuries and MRI for acute knee injuries. The early survey results showed 14 per cent of general practitioners intended to change their practice around imaging referrals, while 40 per cent said they had already changed their practice as a result of the program.

National Health Service, England⁽¹²⁾

- The NHS in England has proposed to stop funding 17 procedures it considers unnecessary, to save money and eliminate unwarranted clinical variation across the country. Some of the proposed procedures include knee arthroscopy for patients with osteoarthritis and injections for non-specific low back pain without sciatica. Others they propose should have very specific criteria met before they are performed include breast reduction, varicose vein surgery, carpal tunnel release and haemorrhoid surgery.

Wennberg International Collaborative⁽¹³⁾

- The Wennberg International Collaborative aims to increase research into the causes and consequences of unwarranted clinical variation across regional providers. The Collaborative seeks to reduce barriers in the field through sponsoring research policy and meetings, facilitates collaboration amongst members and advocates for healthcare data availability.

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