GRATTAN Institute

Questionable care in Australia: moving from reporting to action

Stephen Duckett
@stephenjduckett

Questionable care:
Avoiding ineffective treatment
Stephen Duckett and Peter Breadon

Better, Smarter Care – Reducing Unwarranted Variation
May 2017

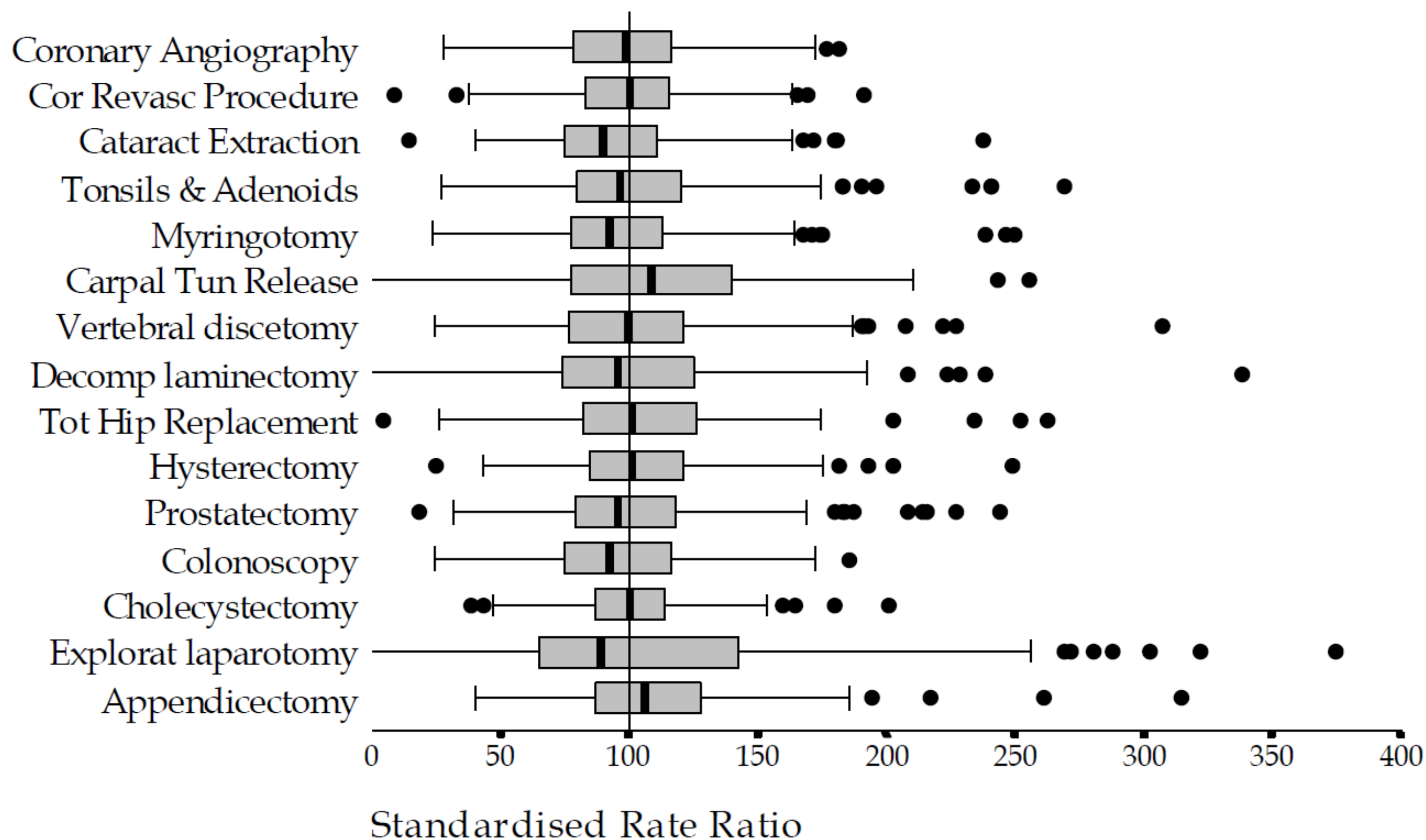
GRATTAN Institute

Outline

1. So much work, so little action
2. The variation continuum
3. Looking at the problem sideways
4. Care which is *prima facie* questionable
5. A strategy

GRATTAN Institute

20th birthday coming up



Richardson, J. (1998) 'The health care financing debate', in *Economics and Australian Health Policy,* G. Mooney and R. Scotton, Eds., Allen & Unwin, p 192-213

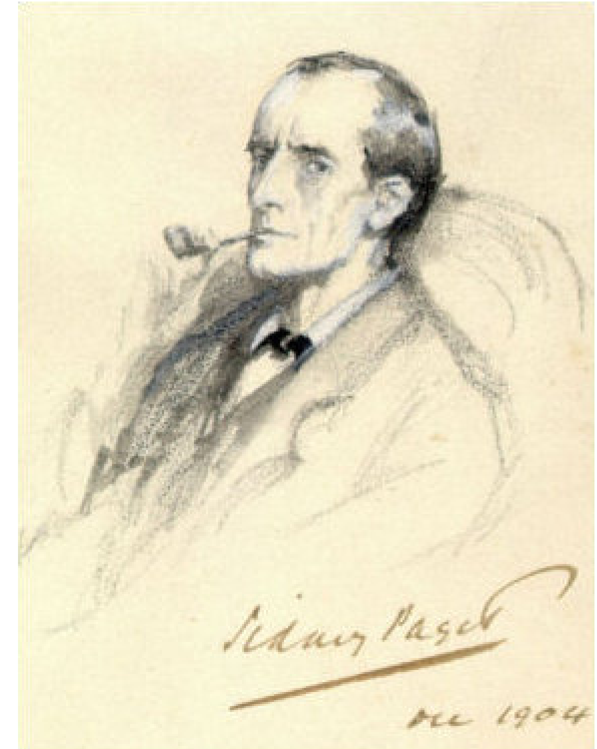
The dog in the night-time - 1

Inspector Gregory: "Is there any other point to which you would wish to draw my attention?"

Holmes: "To the curious incident of the dog in the night-time."

Gregory: "The dog did nothing in the night-time."

Holmes: "That was the curious incident."



Doyle, A. C. (1894) *The Memoirs of Sherlock Holmes - Adventure 1: Silver Blaze*, G. Newnes

The dog in the night-time - 2

GRATTAN Institute

CHAPTER 7

The Dog in the Night-time: Medical Practice Variations and Health Policy

Robert G. Evans

INTRODUCTION

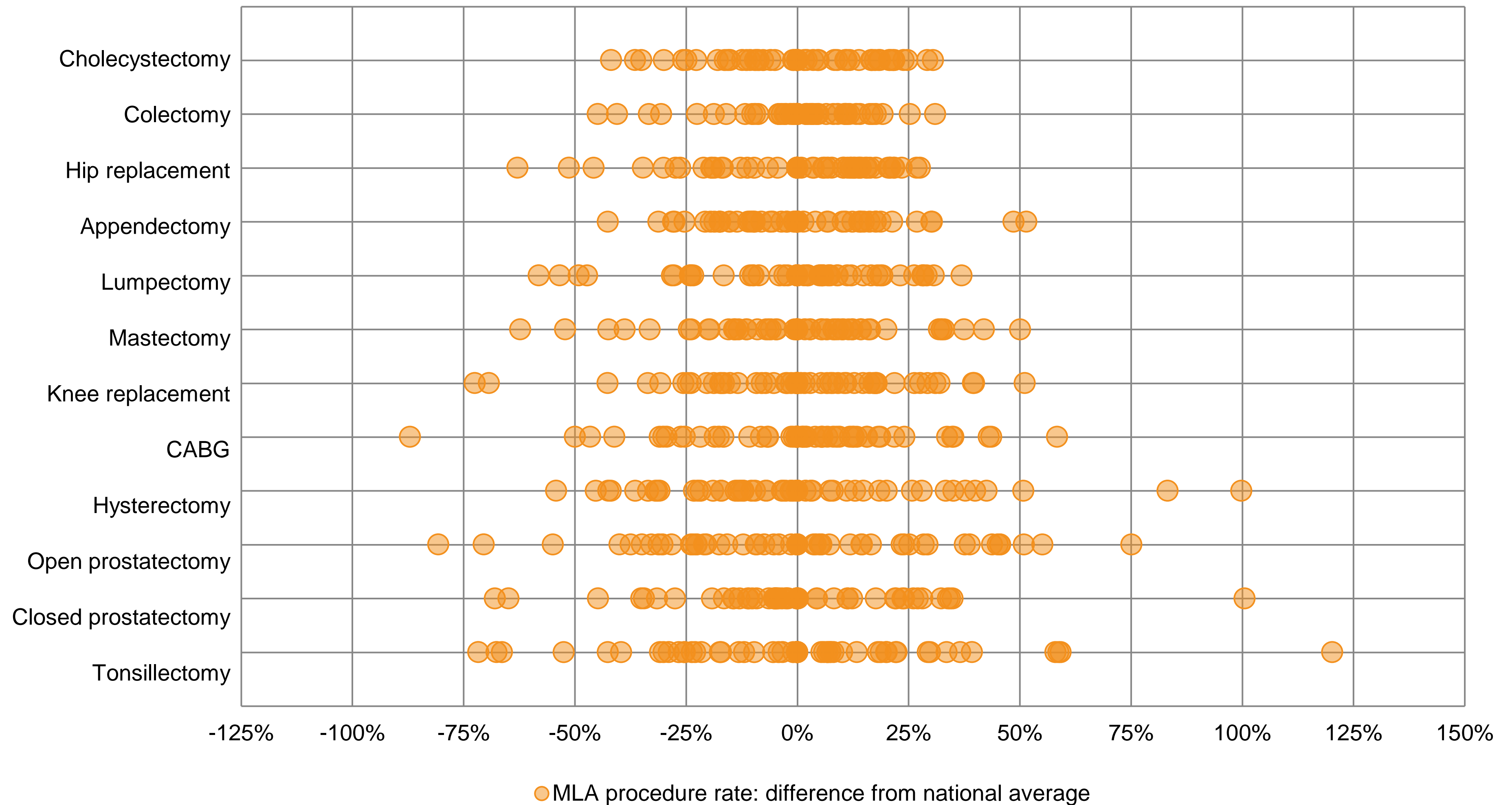
Knowing is not the same as doing. The most striking fact about the large and extensively documented variations in patterns of medical practice, throughout the developed world, is the minimal impact this information has had on health policy.

For many years, students of health care utilisation have been demonstrating that per capita rates of surgical procedures, hospital utilisation and medical service use vary widely across large and small geographic areas, and that servicing patterns for particular conditions vary among both institutions and individual practitioners. These differences, moreover, do not appear to be explicable in terms of the needs or characteristics of the populations served – or, at least, such explanations have not been found.

Evans, R. G. (1990) 'The dog in the night-time: Medical practice variations and health policy', in *The challenges of medical practice variations*, T. F. Andersen and G. Mooney, Eds., MacMillan Press, p 117-152

Most variation analyses look at geographic variation and find large disparities …

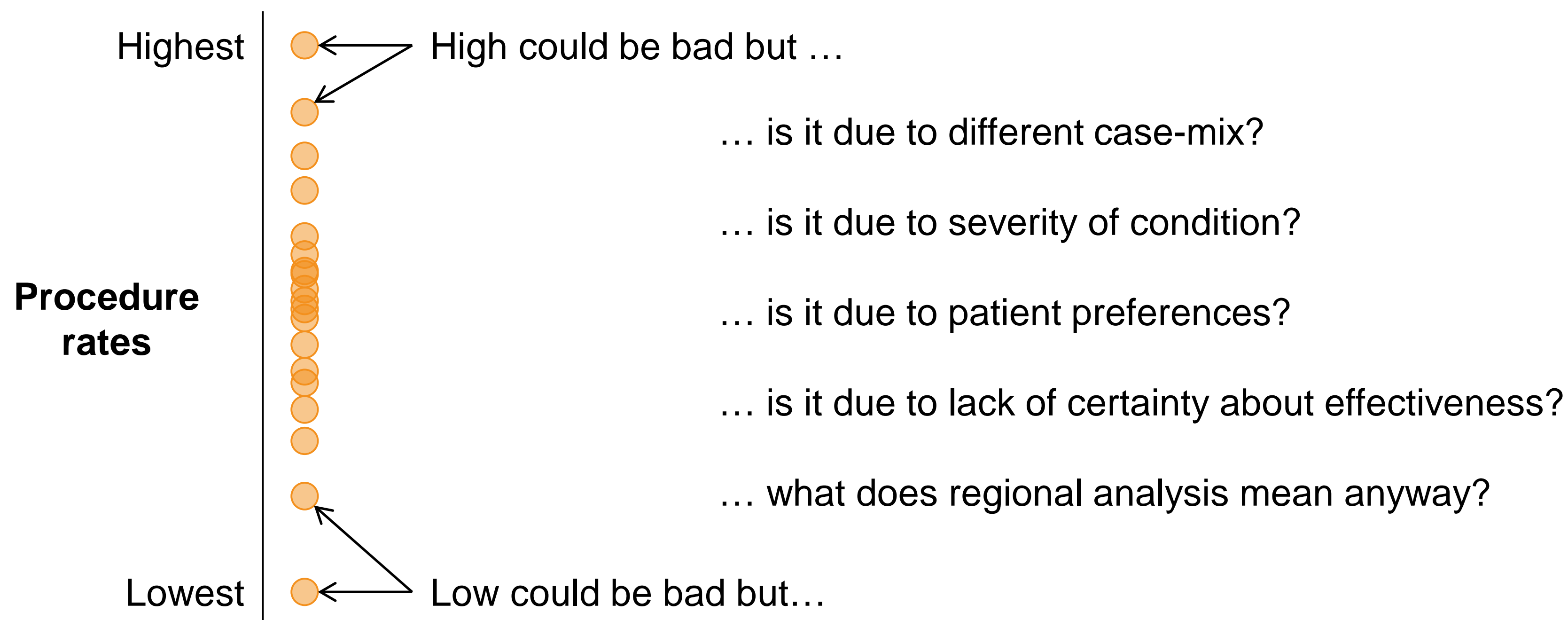
GRATTAN Institute



Source: Grattan Institute

GRATTAN Institute

… but that doesn't tell you much



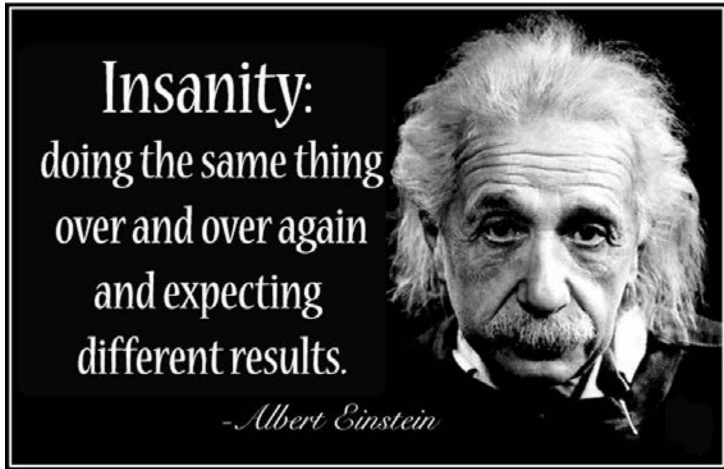
There's little clarity about when variation is legitimate

That has made it difficult to develop effective policy

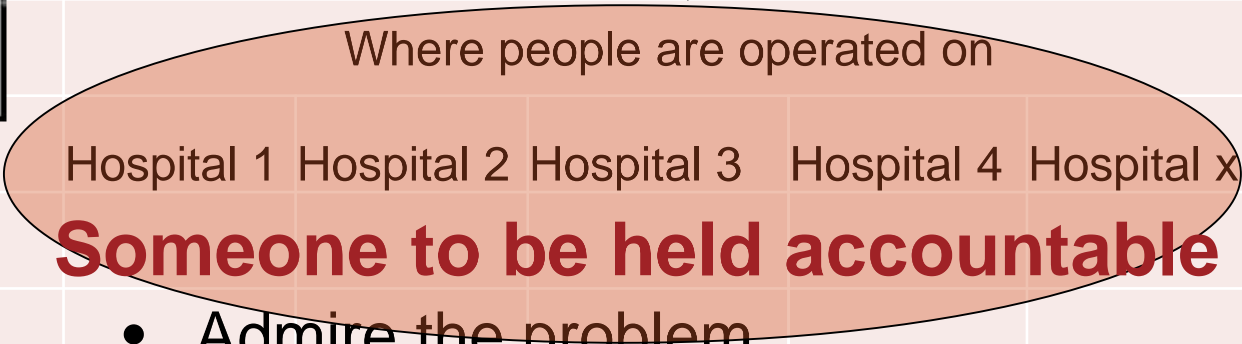
Even if you knew which variation was not legitimate,

what are the mechanisms for doing something about it?

The dog in the night time - 3



http://quoteinvestigator.com/2017/03/23/same/

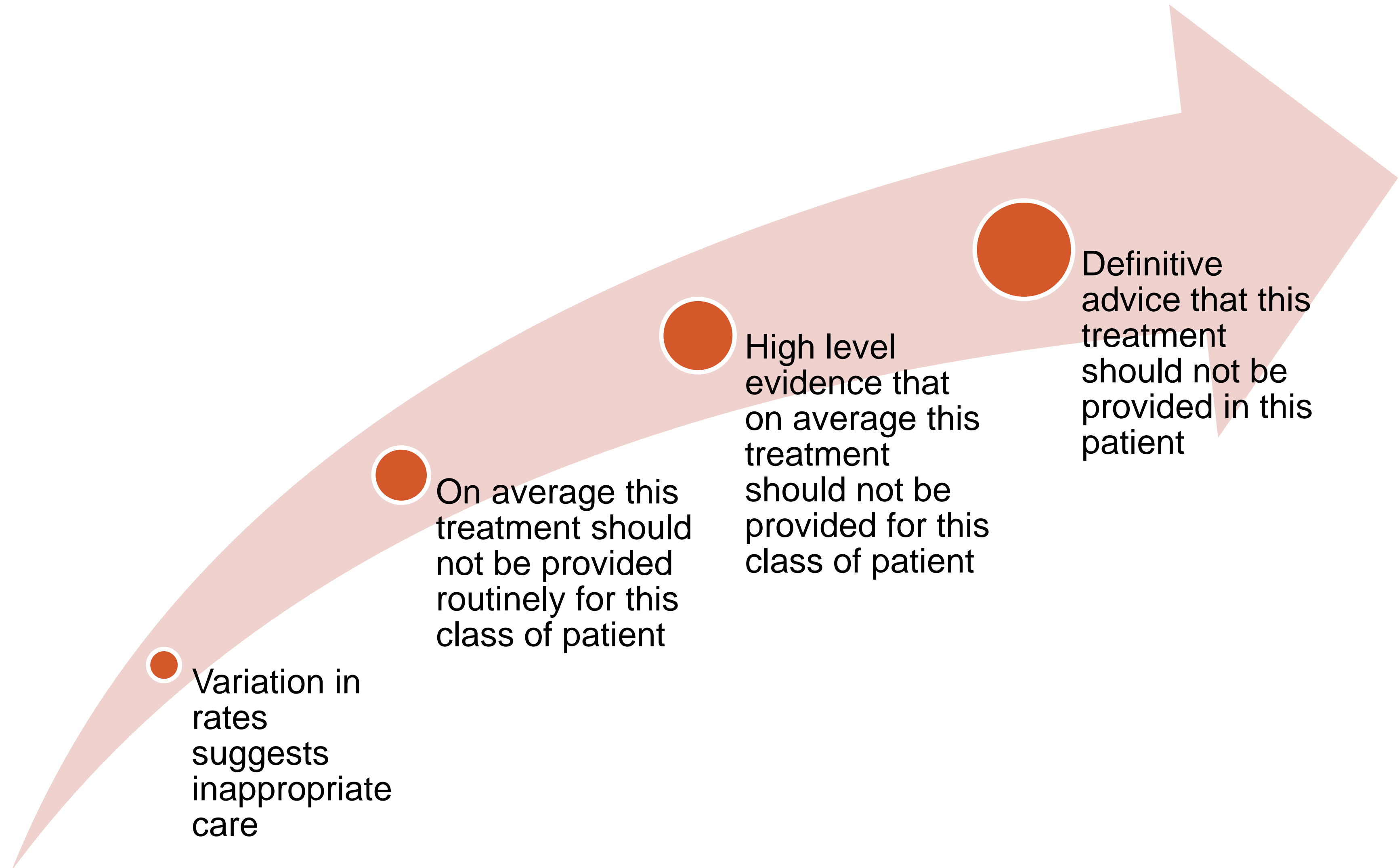


Where people live

Area 1
Area 2
Area 3
Area 4
Area 5
Area x

- Admire the problem
- What is good, what is bad?
- No accountability mechanism
  - Not even in NSW or Qld which have/had area health authorities

Increasing certainty that variation can identify inappropriate care



We analyse 5 ‘do-not-dos’ and 3 ‘do-not-do routinely’ treatments from NICE, MSAC and Prasad

GRATTAN Institute

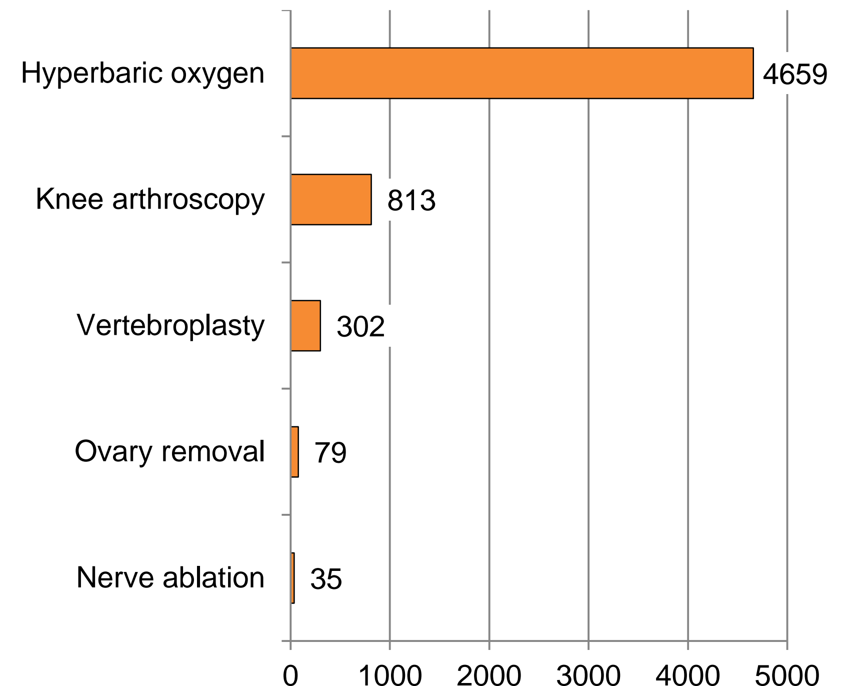
Do-not-dos:

- Vertebroplasty for osteoporotic vertebral fractures
- Arthroscopic lavage or debridement for OA of the knee
- Laparoscopic uterine nerve ablation for chronic pelvic pain
- Removing healthy ovaries during a hysterectomy
- HBOT for a range of conditions (inc. osteomyelitis, cancer, and non-diabetic wounds and ulcers)

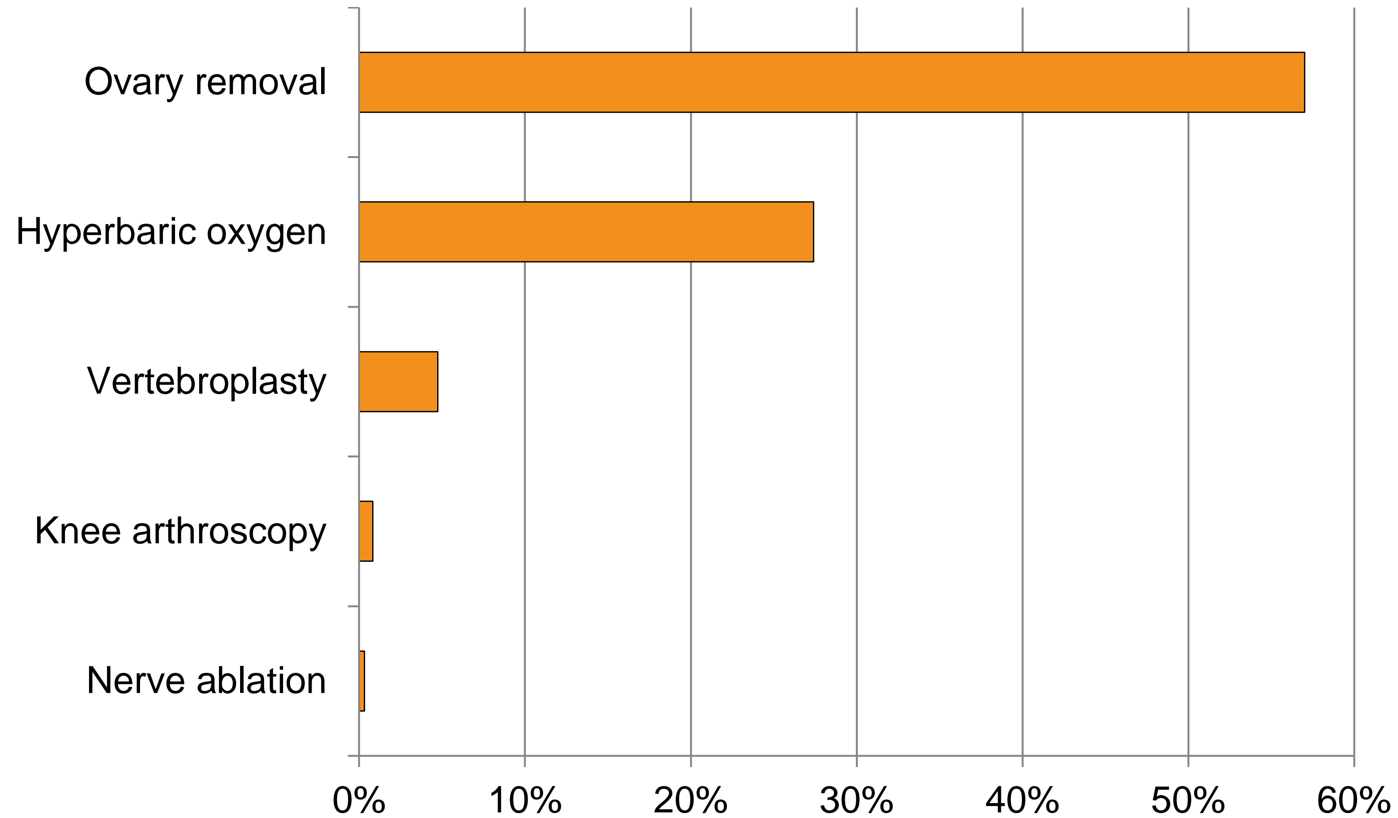
Do-not-do routinely:

- Fundoplication for gastro-intestinal reflux
- Episiotomy for spontaneous vaginal births
- Amniotomy to augment a normal delivery

Patients with ‘legitimating’ diagnoses are excluded

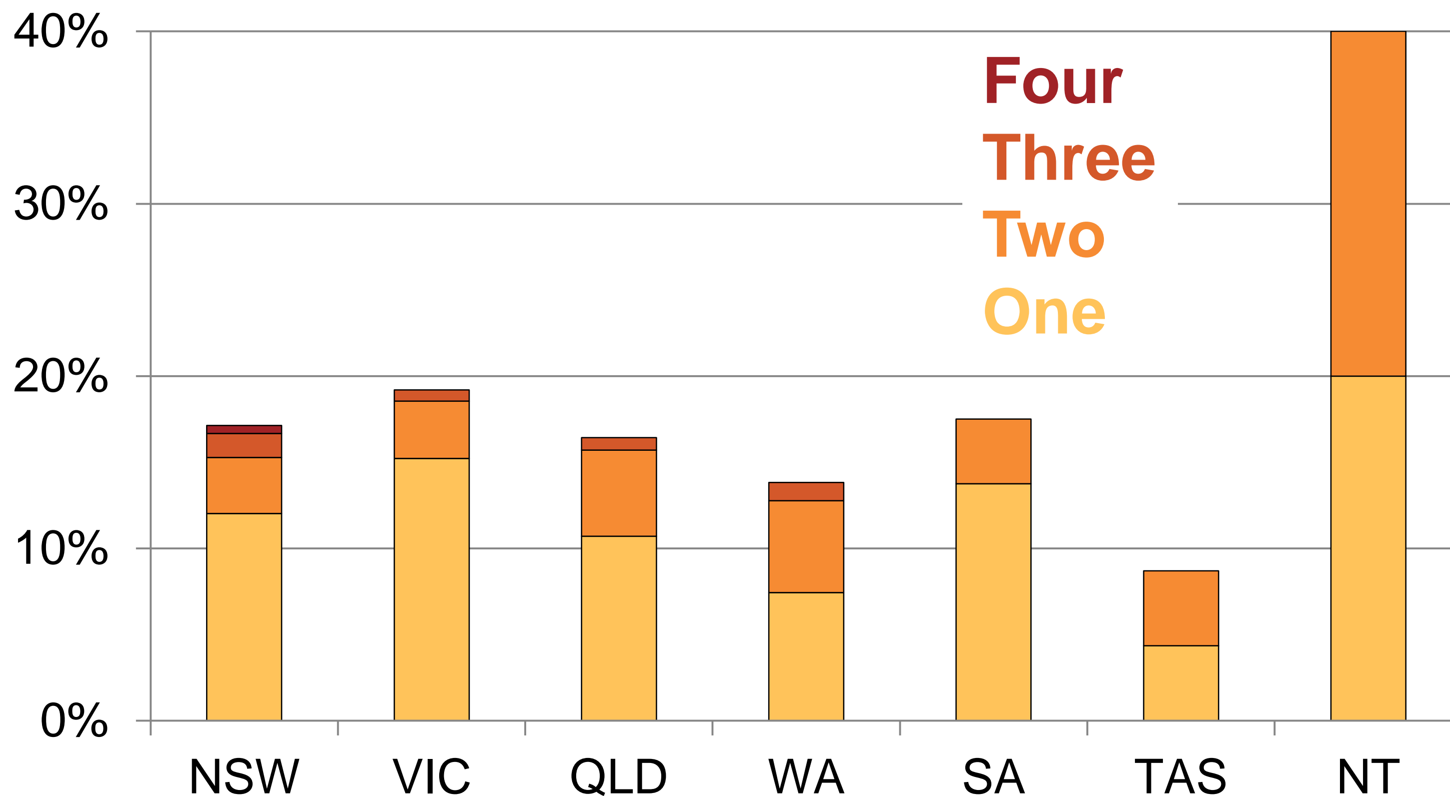


A large proportion of relevant patients have do-not-dos



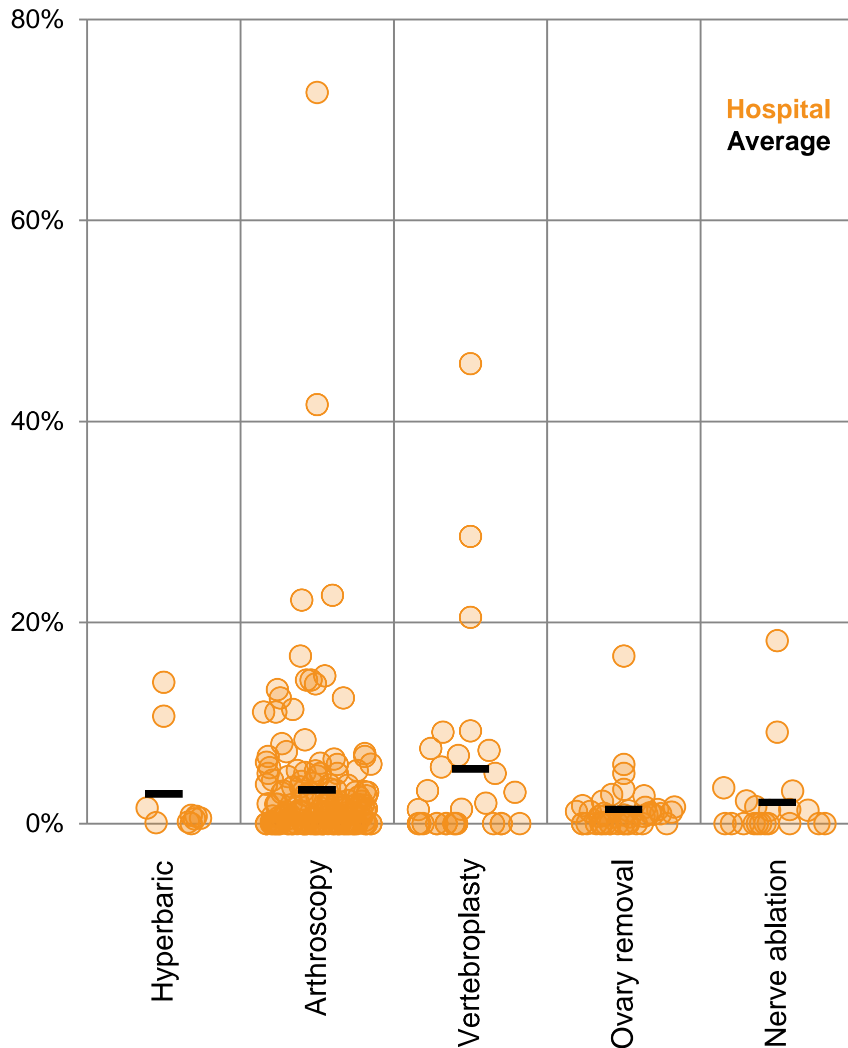
In almost all states, do-not-do treatments are concentrated in a minority of hospitals

GRATTAN Institute



GRATTAN Institute

There are outliers with troubling patterns of care

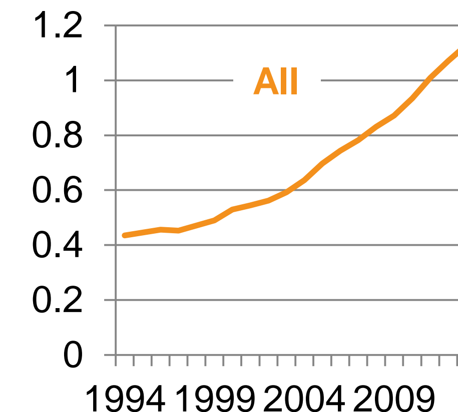


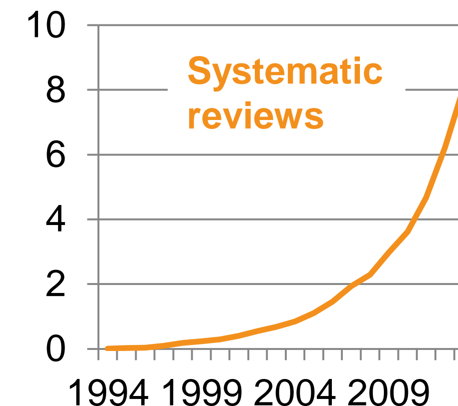
Information gap 1: What not to do

GRATTAN Institute

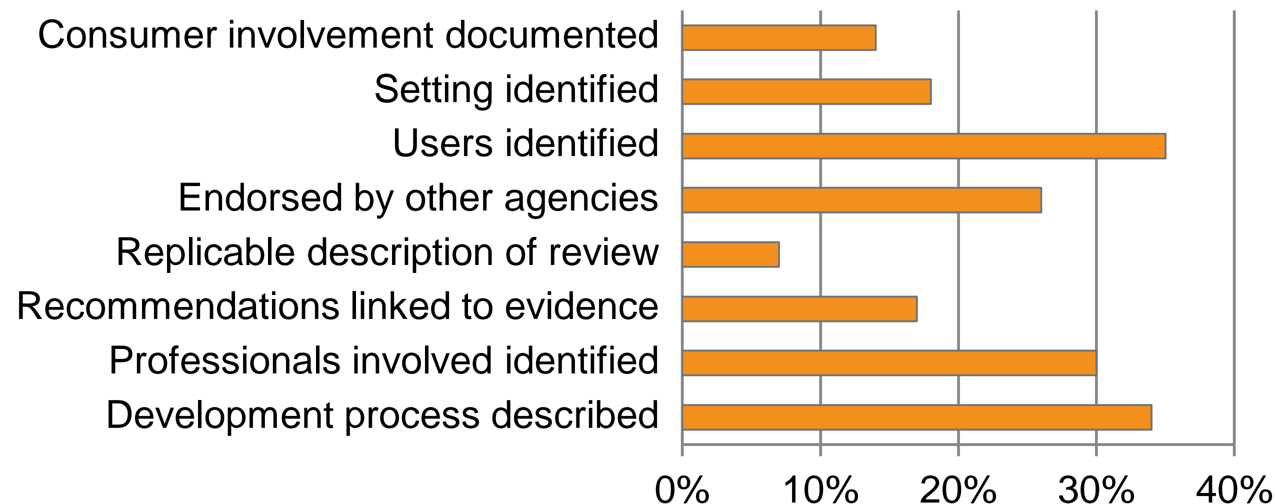
- There is a huge volume of evidence
- Guidance focuses on what to do, is of variable quality, is inconsistent & hard to use
- 50+ organisations work on disinvestment and their approaches are largely uncoordinated and inconsistent

PubMed artices, 1994-2013





Quality indicators for Australian clinical practice guidelines, 2005-2013

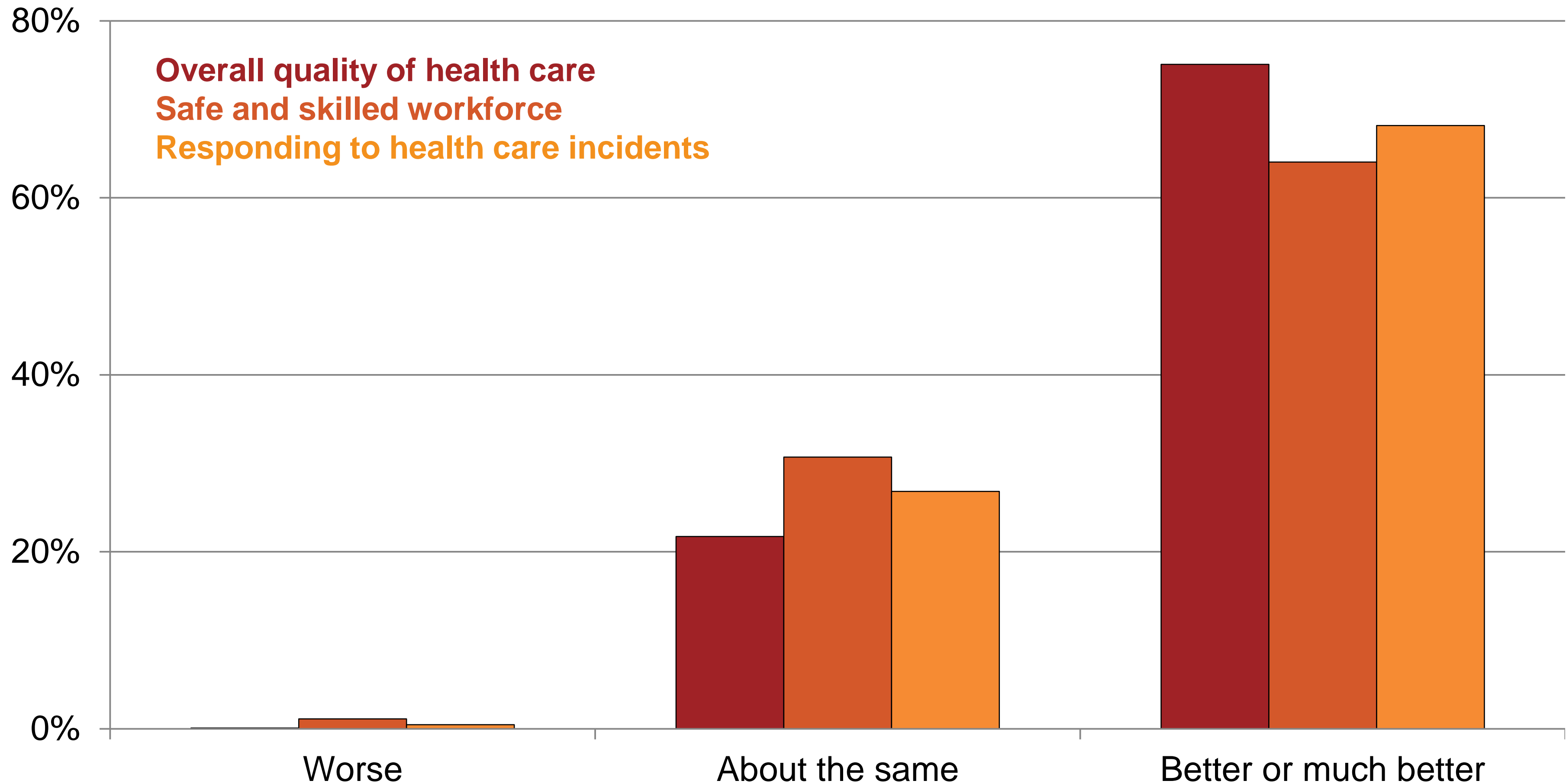


Source: National Health and Medical Research Council

Information gap 2:
Who's doing what

GRATTAN Institute

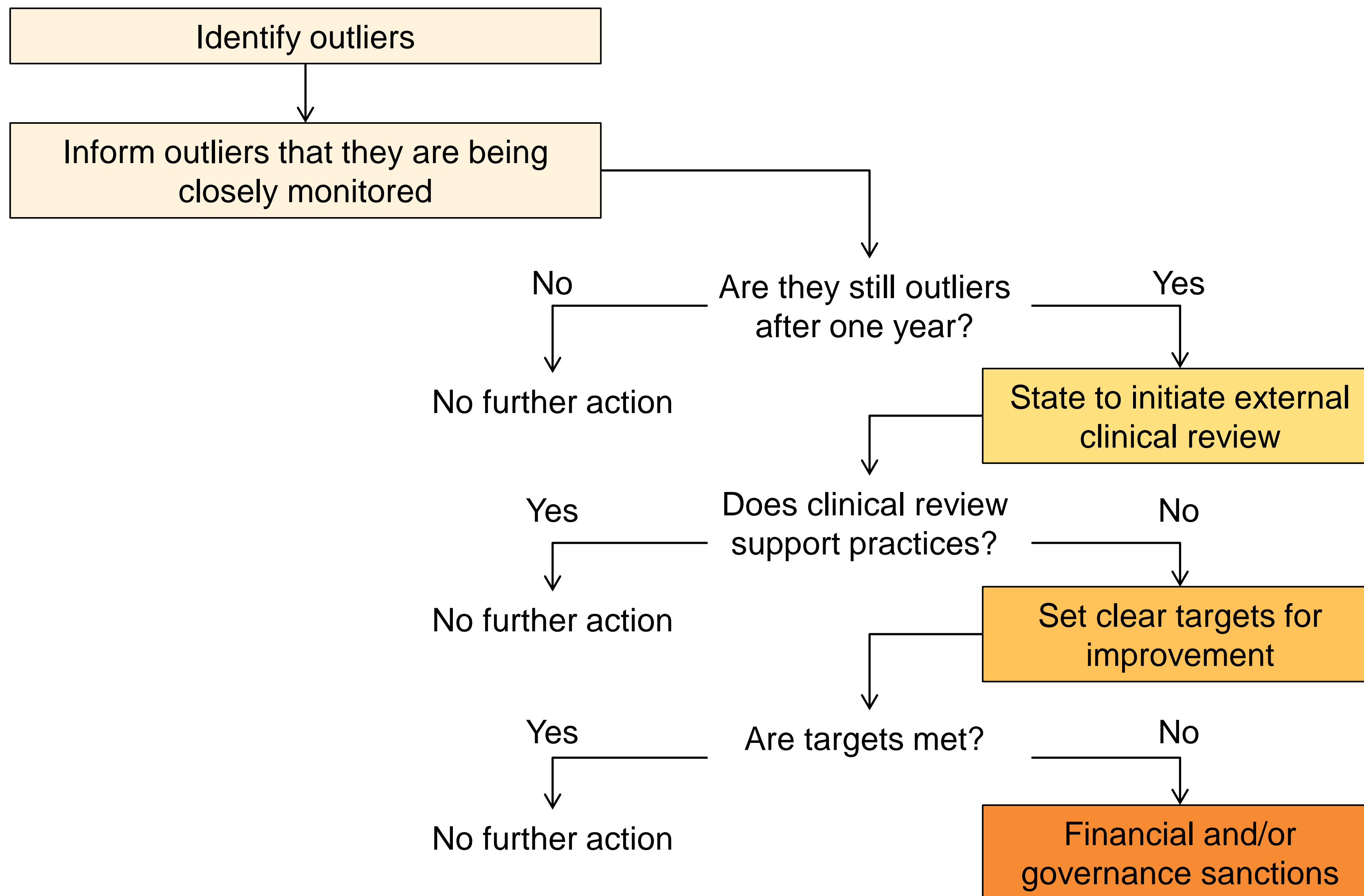
Proportion of board members Victorian LHNs, views on own network relative to average Victorian network



Notes: n = 233, 70% response rate, 96% of networks included

Source: Bismark et al (2013)

Accountability gap
Recommendation 3: clinical reviews with consequences



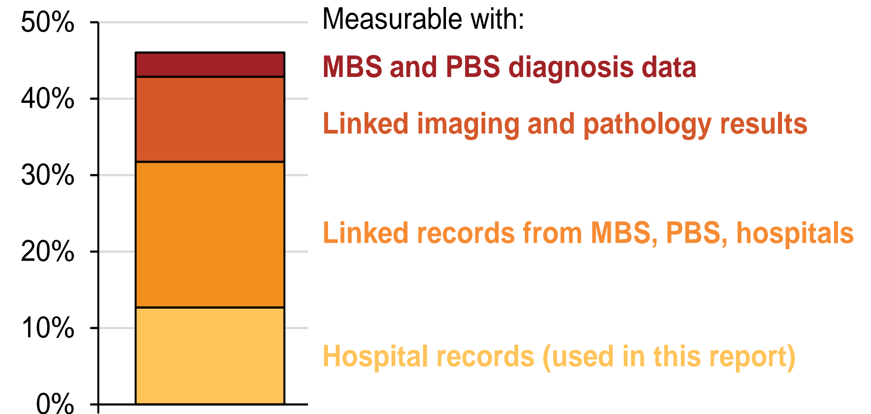
Recommendation 4:
Improve variation measurement

GRATTAN Institute

- Find more do-not-dos elsewhere (e.g. Cochrane) and add more do-not-do routinely treatments

- Link patient separations to
  - analyse treatments that should not be given first-line
  - adjust for readmissions
  - allow better adjustments for morbidity

Many more NICE do-not-dos can be measured with data we already collect



- Link to PBS and MBS data to acute data to allow measurement of more do-not-dos (e.g. primary care do-not-dos, polypharmacy, patients not getting routine first-line drug therapies)

- Pilot morbidity database for GP care in a few PHNs – collect data as part of MBS billing

GRATTAN Institute

Some of our choices

- How much ‘benefit of doubt’ to give?
  - Is a ‘Do Not Do’ a ‘Never Do’?
- Who should initiate investigation for potentially inappropriate care?
- Is it OK for private hospital to be the focus (vs surgeon)
- When should private insurers be able to deny payment?
  - When ACSQHC makes a determination?
  - When clinical review makes a determination?
  - When hospital fails to respond to external review?

What hospitals might do:

- Table the Grattan report for discussion with the relevant clinical governance group:
  - Do they think any of the DNDs or DNDRs are an issue in your hospital?
  - There are other issues we didn't look at which are prominent in the public debate (e.g. diagnostic test use). Are they relevant?

- How robust are your clinical governance processes?
  - Is appropriateness of care being systematically monitored?
  - What are the accountability mechanisms for clinical choices?

- NB: I don't think there are big savings for hospitals here
- NB: I do think this will be an increasing clinical governance issue

- And ***holding hospitals to account*** should be on the state agenda too

stephen.duckett@grattan.edu.au