



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Why Won't It Change? The Influence Of Health System Design And Culture On Reducing Unwarranted Variation

Richard Hamblin and Catherine Gerard

October 2019

New Zealand Atlas of Healthcare Variation

- 2012- date
- 23 active domains
- On-line, interactive
- 4,500 unique visitors a month
- Widely praised (taught in New Zealand medical schools)
- ...but

...our chair likes to ask...

Is it making any
difference?

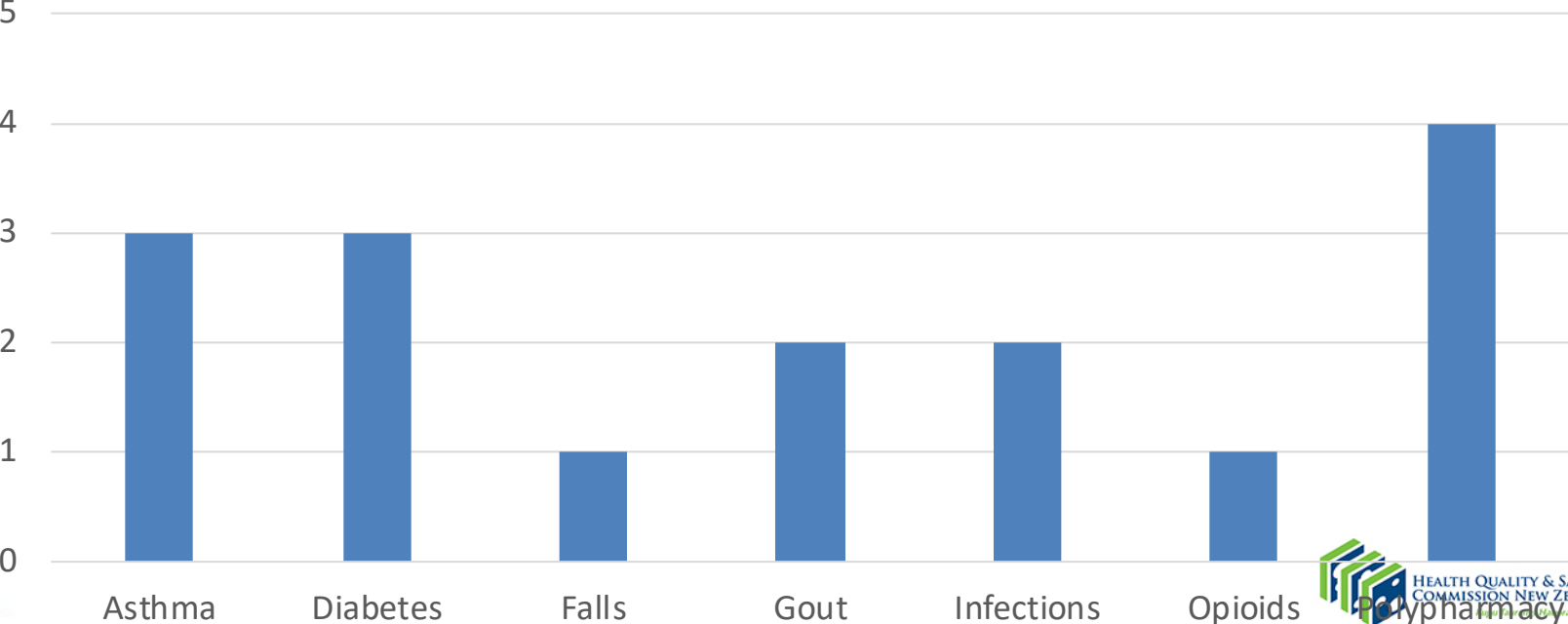


To which we can reply

Yes!



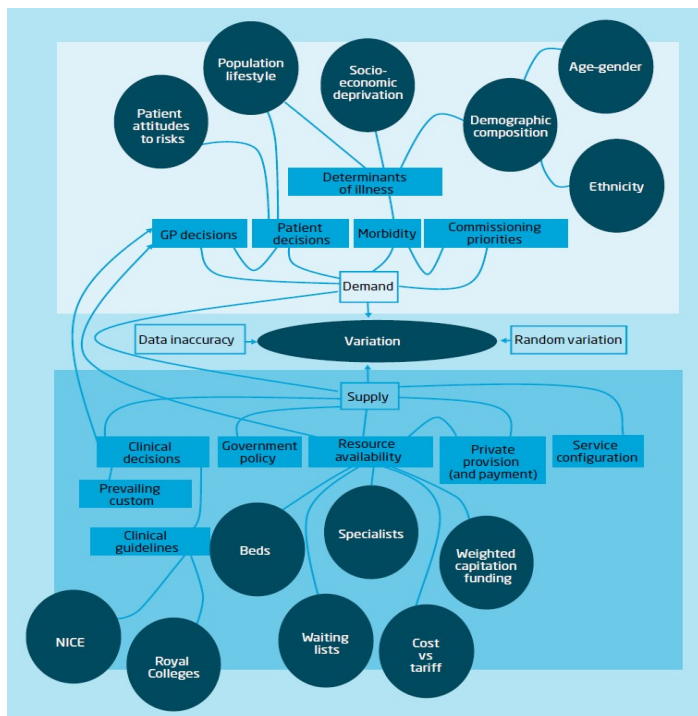
Indicators showing national improvement or reduction in variation by domain 2018



But...

- Not consistently
- Not predictably
- We're not sure why

Why does variation occur?



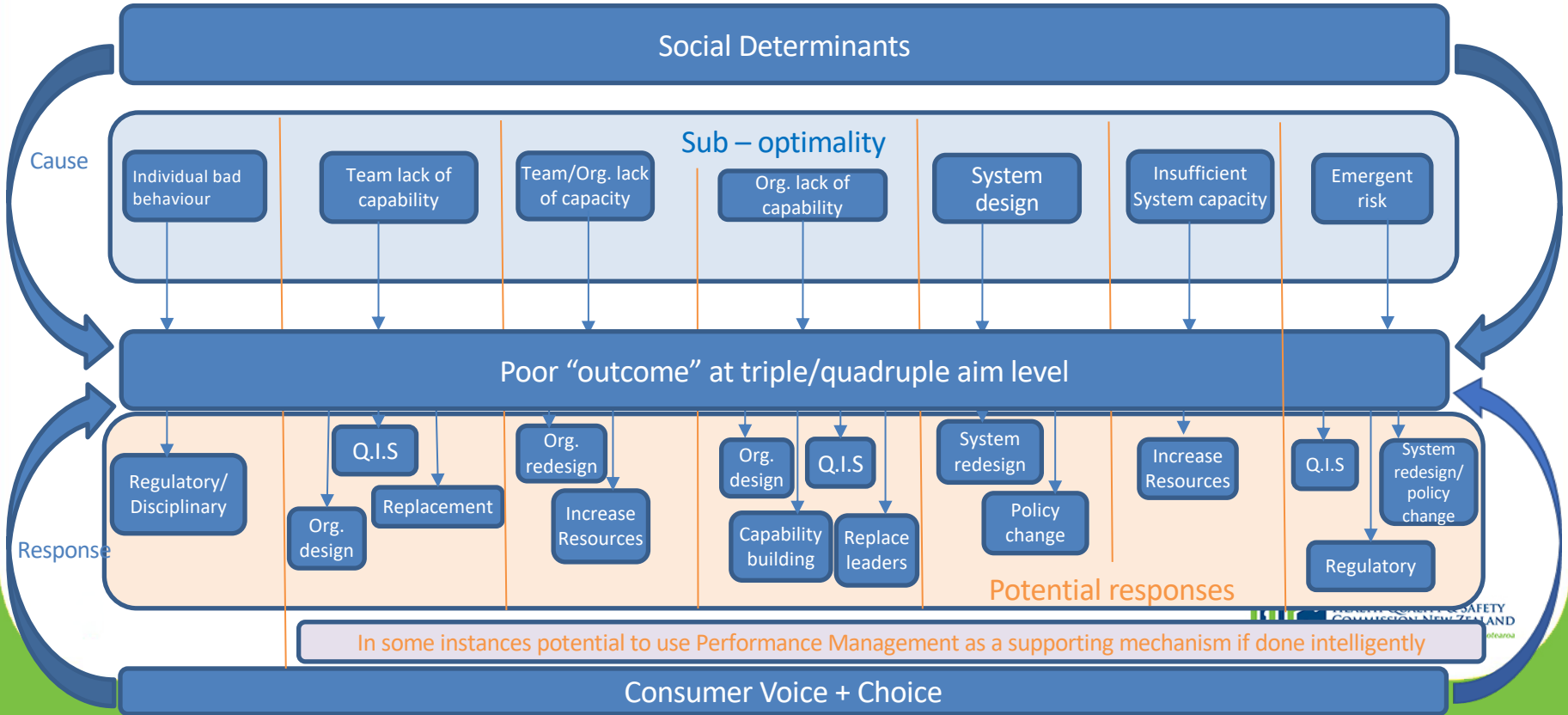
Appleby J, Raleigh V, Frosini F, et al. 2011

Unwarranted variation as a consequence of system operating in a suboptimal way

HQSC priorities in improving the health system reflects NZ's suboptimalities

- Māori health outcomes
- Equity
- Patient Safety
- Consumer experience of care
- Unwarranted variation

What causes suboptimality? How might we respond?





Multiple causes



Wairarapa 'struggle streets' revealed

🕒 2 minutes to read

14 May, 2014 6:57am



The New Zealand Deprivation index provides an in-depth analysis from the 2013 Census data. Masterton, pictured, ranges between seven (Lansdowne) and 10 (Masterton East). PHOTO/PETE NIKOLAISON
Wairarapa Times-Age



While Wairarapa's countryside dwellers appear comfortable, deep pockets of deprivation are showing up in our towns.

The New Zealand Deprivation index provides an in-depth analysis from the 2013 Census



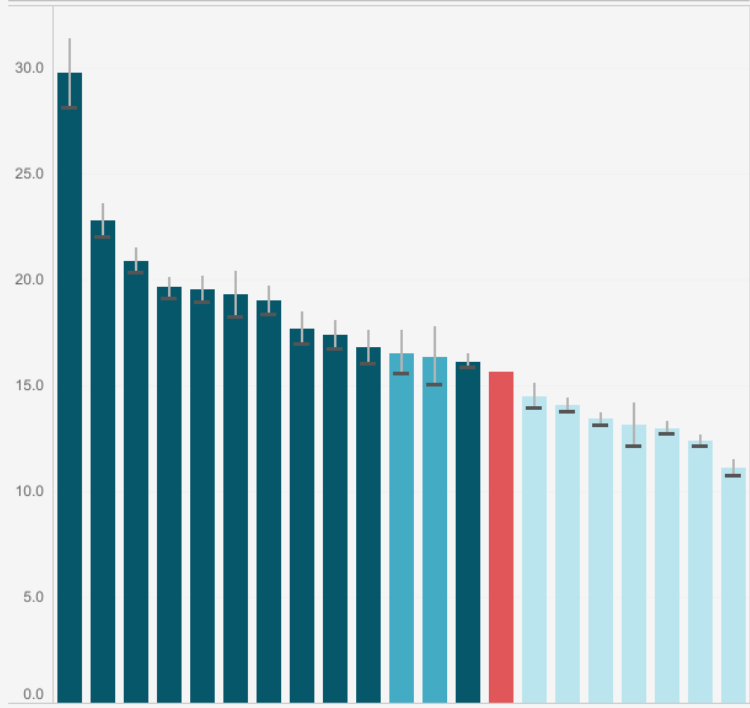
Method

Select Indicator (rate)

- 1. People dispensed a strong opioid for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 2. People dispensed a strong opioid for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 3. People dispensed a weak opioid for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 3a. People dispensed tramadol for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 3b. People dispensed codeine for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 4. People dispensed morphine for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 5. People dispensed morphine for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 6. People dispensed oxycodone for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 7. People dispensed oxycodone for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 8. People dispensed fentanyl for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 9. People dispensed fentanyl for people who are All sexes, All ethnic groups, aged All age groups in the year 2013
- 10. People dispensed a strong opioid for people who are All sexes, All ethnic groups, aged All age groups in the year 2013

Filter by:
(Wairarapa DHB in pink, NZ rate in grey)

Opioids Bar: Indicator 1. People dispensed a strong opioid for people who are All sexes, All ethnic groups, aged All age groups in the year 2013



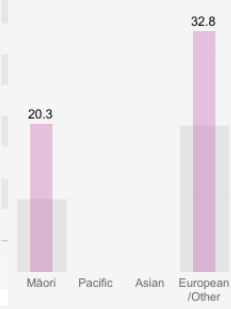
+ a b | e a u

Indicator Feedback

with NZ rate



Ethnic Group
ethnic groups



Initial cause and response

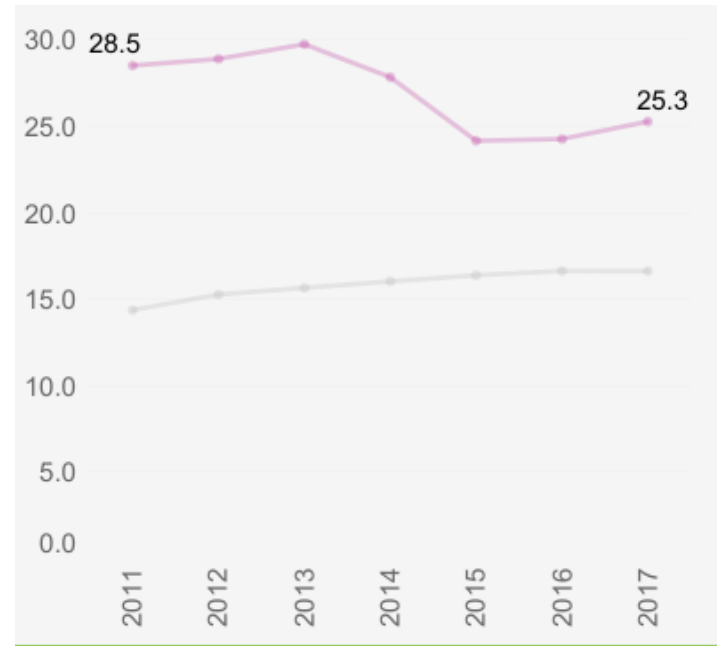
- Team lack of capability
- (Individual bad behaviour)

- Prescribing practice tools
- Patient contracts



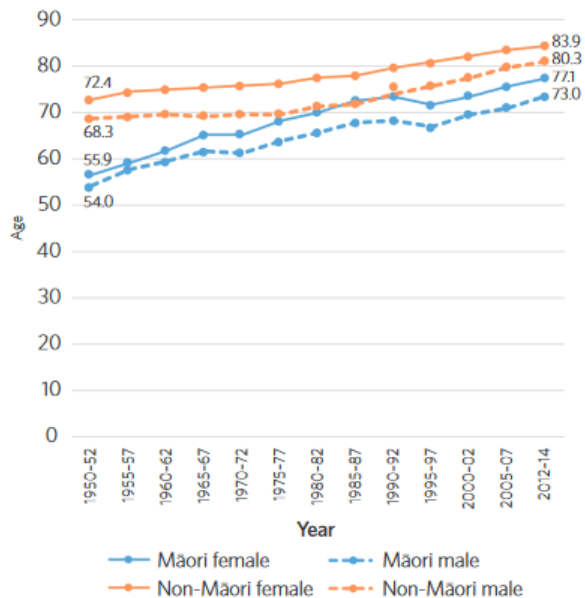
Limits

- Insufficient system capacity
 - No pain clinic access
- System design
 - Explicit rationing



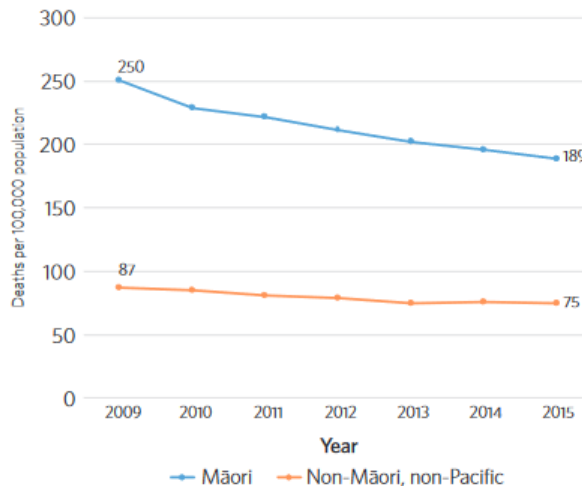
Case study 2 – WAI 2575

Figure 1: Life expectancy at birth, Aotearoa New Zealand, 1950-52 to 2012-14



Source: Statistics New Zealand.

Figure 2: Deaths amenable to health care per 100,000 population aged 0-74, Aotearoa New Zealand, 2009-15



HAUORA

*Report on Stage One of
the Health Services and
Outcomes Kaupapa Inquiry*

PRE-PUBLICATION VERSION

WAI 2575

WAITANGI TRIBUNAL REPORT 2019

3.6.1	Is the New Zealand Public Health and Disability Act 2000 Treaty-compliant?	37
3.6.2	Are the funding arrangements for the primary health care system Treaty-compliant?	37
3.6.3	Is the way health entities are held to account Treaty-compliant?	37
3.6.4	Is partnership for Māori in the primary health care framework Treaty-compliant?	38

“the legislative and policy framework of the primary health care system fails to address adequately the severe health inequities experienced by Māori. Further, the Crown failed to lead and direct the primary health care system in a way that adequately supported and resourced Māori to design and provide for their own wellbeing through designing and delivering primary health care to Māori. The Crown’s failures prejudicially affect the ability of Māori to sustain their health and wellbeing.

The prejudice suffered by Māori because of these Crown failures is extensive. The legislative and policy framework is insufficient in and of itself, and the Crown’s renewed, specific commitments to improve Māori health are not enough to negate this insufficiency on their own.”

p.161

Conclusion

- “a feature not a bug”
- local interventions are limited
- major change may need the intervention of the system “controller”