Safety and quality in primary care

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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National Safety and Quality Primary Health Care Standards

Variation in care

Value based care
• Established 2006
• Statutory agency
• Key function is to lead and coordinate on safety and quality across the health system
• Set national safety and quality standards and manage accreditation schemes
• Initially focus on safety
• Increasingly considering the quality through appropriateness, effectiveness and value based care
Consultation with primary care

From consultation 2017/18 on safety and quality in primary care, recommended the Commission:

• Develop **national safety and quality standards** for primary health care services

• **Scope national incident reporting** systems for primary care

• **Partner** with primary health care and acute care to interface issues

• Develop clinical governance and partnering with consumers **resources** for primary care
National Primary Health Care Safety and Quality Standards

Consultation workshops:

- 105 consumers participated in five consumer workshops in Adelaide, Perth, Brisbane, Broken Hill and Hobart
- 18 primary health care provider workshops - face to face and online formats held nationally
- 211 responses from an online survey for consumers and primary health care providers
National Primary Health Care Safety and Quality Standards

Three areas to be covered by the standards

• Clinical governance
• Partnering with consumers
• Clinical care
Development process:

- Preliminary drafting and review by technical experts
- Public consultation and amendment
- Approval process for implementation
- Development of resources and support for implementation
Australian Health Service Safety and Quality

- **Drafting standards**: Oct 2019
- **Consulting on draft**: Jan – March 2020
- **Approval**: May 2020
- **Develop resources**: June - Sept 2020
- **Implement standards**: Oct 2020
Consulted on a scheme that is:

• Modular
• Over a five year period
• With written implementation workbooks
• Onsite assessments
• On-line
The Australian Atlas of Healthcare Variation series
Major disparities in surgery rates across Australia, report says

A new national study has revealed huge differences in the types of surgical procedures performed, based on where patients live.

The study, conducted by the Australian Commission on Safety and Quality in Healthcare (ACSQHC) into surgical procedures by local and rural areas, found that the rate of hysterectomies performed in inner-city areas is significantly higher than in rural and remote areas.

The study found that in the city of Melbourne, the rate of hysterectomies is more than twice as high as in rural and remote areas.

The report also found that the rate of hysterectomies is significantly higher in urban areas than in rural and remote areas.

The report recommends that more research is needed to understand the reasons behind these differences and to develop strategies to improve access to care in rural and remote areas.

Hysterectomies more likely in Victoria’s north-west, report finds

A new report has found that women in Victoria’s north-west are more likely to undergo a hysterectomy than women in other parts of the state.

The report, published by the Australian Institute of Health and Welfare, found that women in the north-west have a higher rate of hysterectomies than women in other parts of Victoria.

The report also found that women in the north-west are more likely to undergo a hysterectomy than women in other parts of Australia.

Hysterectomy variations raise concern

A new report has found that women in Victoria are more likely to undergo a hysterectomy than women in other parts of the state.

The report, published by the Australian Institute of Health and Welfare, found that women in Victoria have a higher rate of hysterectomies than women in other parts of the country.

The report also found that women in Victoria are more likely to undergo a hysterectomy than women in other parts of Australia.

Second Australian Atlas of Healthcare Variation

The Second Australian Atlas of Healthcare Variation is a comprehensive resource that provides an in-depth analysis of healthcare delivery in Australia.

The atlas includes data on a wide range of healthcare services, including hospitalizations, surgeries, and diagnostic tests.

The atlas also provides information on the number of patients treated by different healthcare professionals, as well as the number of procedures performed.

Central Victoria tops list for hysterectomy rates

New data has revealed that Central Victoria has the highest rate of hysterectomy rates in the country, with concerns about the treatment being overused.

The data, released by the Australian Institute of Health and Welfare, showed that Central Victoria had the highest rate of hysterectomies in the country, with rates more than twice as high as the national average.

The data also showed that women in Central Victoria were more likely to undergo hysterectomies than women in other parts of the state.

Medically Unnecessary: Wild variations in treatment

A new report has found that women in Victoria are more likely to undergo a hysterectomy than women in other parts of the state.

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Why does variation matter?

- Large variations in health care use have been documented internationally for many years.
- A proportion of this variation is termed ‘unwarranted’.
- Unwarranted variation:
  - Is unrelated to patient need or preference.
  - May signal inappropriate care.
  - May signal ineffective use of resources.
- It raises questions about appropriateness of care, health system efficiency, equity and access.
- Highlights opportunities for further investigation and for system improvement.
What are the reasons for variation?

- Clinical practice not supported by evidence-based guidelines
- Inequitable access to evidence-based care
- Higher rates of private health insurance in areas of greater socioeconomic advantage
- Inadequate system supports for appropriate care, and the need for changes in training or financial incentives
- Uncertainty about the intervention’s place in therapy, and the need for better data on its benefits and harms
How is variation measured in the Atlas?

• Healthcare use is mapped by residence of patient
• Location of residence mapped at Statistical Area Level 3 (SA3)
• Data are age- and sex-standardised
• Data sources used:
  – National Hospital Morbidity Database (NHMD)
  – Medicare Benefits Schedule (MBS)
  – Pharmaceutical Benefits Scheme (PBS)
  – National Perinatal Data Collection (NPDC)
• Data extraction and analysis performed by the Australian Institute of Health and Welfare (AIHW)
• Interactive Atlas
• Data presented today are preliminary and not for circulation outside this meeting
How is variation presented in the Atlas?

• Data are presented in maps and graphs

• Statistical Area 3 level data is presented for:
  – State and territory analysis
  – Remoteness and socioeconomic disadvantage

• State and territory level data is presented for:
  – Aboriginal and Torres Strait Islander Australian status
  – Public and private patient funding status
Examines variation nationally in 13 clinical items, grouped into 4 themes

**Paediatric and neonatal health**
- Early planned caesarean section without medical or obstetric indication
- Antibiotic dispensing in children
- Proton pump inhibitor dispensing in infants

**Gastrointestinal investigations and treatments**
- Proton pump inhibitor medicines dispensing
- Colonoscopy hospitalisations
- Gastroscopy hospitalisations

**Thyroid investigations and treatments**
- Thyroid stimulating hormone tests
- Thyroid function tests
- Neck ultrasound
- Thyroidectomy hospitalisations

**Cardiac tests**
- Cardiac stress tests and imaging
- Stress echocardiography
- Myocardial perfusion scans
- Standard echocardiography
Antibiotics in children - why is it important?

• Much of this use is inappropriate, with antibiotics prescribed for viral illnesses.

• More than 30 million prescriptions for antimicrobials were dispensed in 2015 (all ages) with no change in number since 2008.

• Harms associated with high use of antibiotics such as bacterial resistance.

• Some studies suggest links between antibiotic use in children and increased risk of asthma, Crohn’s disease and weight gain.
Why investigate 0-9 years?

Figure 3.18: Percentage of the population supplied at least one antimicrobial under the PBS/RPBS, by age group, 2015

Source: AURA 2017 Second Australian report on antimicrobial use and resistance in human health
What did we find?

• The rate of antibiotic dispensing was 16.5 times as high in the area with the highest rate compared to the area with the lowest rate.

• Over 3 million prescriptions for antibiotics were dispensed for children aged 9 years and under in 2016-17. This is almost equivalent to one antibiotic prescription annually per child in this age group in Australia.

• 4 in every 10 children aged 9 years and under had at least one antibiotic prescription dispensed in 2016-17.

• Higher use in 0-4 years than in 5-9 years.
Antibiotics in children

Source: Pharmaceutical Benefits Scheme

SE Queensland

Source: Pharmaceutical Benefits Scheme
Antibiotics in children – rates by states and territories

Source: Pharmaceutical Benefits Scheme


Data are preliminary and not for further circulation or publication.
Antibiotics in children – rates by remoteness and socioeconomic status

Source: Pharmaceutical Benefits Scheme

Rates by remoteness and socioeconomic status.
Antibiotics in children – rates by remoteness and socioeconomic status

- Sustained efforts to raise awareness of the potential harms of antibiotic use in this age group
- Improving patient knowledge of the trade-offs between benefits and harms
- Shared decision making tools to better inform patient choices
- Improved clinician adherence to guidelines
- Point-of-care testing to reduce diagnostic uncertainty where there is uncertainty about causes of the illness

Source: Pharmaceutical Benefits Scheme
Repeat analyses: antimicrobial prescriptions dispensed

Time series over four years from 2013-14 to 2016-17

Source: Pharmaceutical Benefits Scheme
Value-based care
What we mean by value based care

Value-based health care is about achieving the best care possible for each patient while maintaining an efficient use of resources.
Creating high-performing health systems involves:

- delivering services that improve health outcomes that matter to patients
- understanding and improving the experience of the workforce staff and consumers
- ensuring the efficiency and effectiveness of healthcare delivery

Value-based care
Value-based care

Commission initiatives:

• Focus on people and responding to what matters to them
• Measure and report on safety and quality using a new generation of outcome indicators that show how well health systems are serving people’s needs
• Using evidence to inform clinical practice and improvement
• Strengthening clinical governance
• Using information about safety and quality to change national systems.
Examples of Commission key work in supporting value-based health care

Commission action to strengthen clinical governance:
- National Safety and Quality Health Service Standards (1st and 2nd ed.), accreditation scheme, National Model Clinical Governance Framework, clinical trials framework, electronic medication management, ehealth systems.

Commission action to support evidence-based policy and guidance:
- Clinical care standards (ACS, stroke, colonoscopy, delirium, HMB, Hip fracture, OAK, VTE), policies and guidance (antimicrobial stewardship, mental health, cognitive impairment, comprehensive care, healthcare-associated infection, blood management, falls, clinical communication, pressure injuries, end-of-life care, medication safety) Atlas recommendations.

Commission action to embed national systems:
- National Safety and Quality Health Service Standards (1st and 2nd ed.), accreditation scheme, funding and pricing models, MBS reviews, credentialing changes, clinical trials framework, MyHealth record safety, certification Framework for digital mental health, electronic medication management, ehealth systems.

Commission action to focus on people:
- Charter of Healthcare Rights, policy (person-centred care, health literacy, shared decision making, comprehensive care, clinical communication, teamwork, informed consent) AHPEQs, PROMs, safety culture, National Model Clinical Governance Framework, Australian Safety and Quality Framework for Healthcare.

Commission action on measuring and reporting on safety and quality:
- Patient safety learning and measurement systems, public and private reporting, registries, HACs, AHPEQs, sentinel event reporting, adverse event reporting, CHBOI, safety culture, Atlas reporting, Antimicrobial Use and Resistance Australia, patient reported outcome measures clinical trials, clinical care standards indicators, National Safety and Quality Health Service Standards indicators.
Person - centred care

Benefits of person-centred care

Better patient and community experience
- Improved patient satisfaction
- Improved patient engagement
- Improved community perceptions of healthcare organisations

Better workforce experience and improved wellbeing
- Improved workforce satisfaction
- Improved workforce attitudes
- Less workforce turnover
- Reduced emotional stress for the healthcare workforce
- Improved workforce wellbeing

Better clinical outcomes, safety and quality
- Lower mortality
- Reduced readmissions
- Reduced length of stay
- Reduced healthcare acquired infections
- Improved treatment adherence

Better value care through lower costs of care
- Shorter length of stay
- Lower costs per case
- Better utilisation of low versus high cost workforce members
- Less workforce turnover

Source: Australian Commission on Safety and Quality in Health Care, 2018.