

**Issue 6
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Print Version

Welcome to our new look HARC eBulletin!

Our HARC eBulletin covers topics that have direct relevance to current and emerging healthcare policy issues in Australia.

In this edition, we cover a range of topics including: health service performance 'report cards'; pay for performance; the role of evidence in policymaking; models for co-locating care; and the impact of developments in IT on hospital efficiency. Our selection is chosen from recently published reviews, peer-reviewed journal articles, government reports and debate articles.

Thank you for your positive feedback on our previous editions.

Mary Haines,
Health Services Research Director

News

Coalition for Research to Improve Aboriginal Health (CRIA): conference report now available

The CRIA Aboriginal Research Conference '*Strong foundations...Strong Future*' (April 2008) strengthened partnerships and generated new ideas about how to improve Aboriginal Health. The conference brought together distinguished researchers, Aboriginal leaders and policy makers, including Professor Fiona Stanley, Professor Sandra Eades, Ms Sandra Bailey (CEO, AHMRC) and Ms Lesley Podesta (First Assistant Secretary, OATSIH) to help find evidence-based solutions to problems in Indigenous health.

The conference report is now available at:

<http://www.saxinstitute.org.au/contentUploadedByEWeb/Files/CRIA%20Conference%20report%2008%20LR%2Epdf> [cited 2008 September 09].

CHeReL Canberra Symposium: presentations available

The Centre for Health Record Linkage (CHeReL <http://www.cherel.org.au/>) provides data linkage services for NSW and ACT. ACT Health hosted the first Canberra-based symposium in August to highlight the resources CHeReL makes available to researchers and policy makers. Professor Louisa Jorm and Professor Chris Kelman delivered keynote addresses and specialist researchers presented on how linked data had been used in specific research fields, including cancer, stroke and perinatal care. The event was opened by Dr Charles Guest, Chief Health Officer in the ACT, and was attended by representatives from non-government organisations, universities, and various federal and state government agencies.

Greater Metropolitan Clinical Taskforce (GMCT): a new program of research

The GMCT has engaged the Sax Institute, through the HARC program, to lead and coordinate a strategic program of research that will: document the achievements and outcomes of the taskforce; define the factors that characterise successful clinical networks; and identify opportunities for strengthening the taskforce.

We are delighted to be working in partnership with GMCT and our team of international and national leading health service researchers to produce research that will have a direct impact on how services are delivered in NSW.

This eBulletin is produced by the HARC Office at the Sax Institute.

More information about GMCT is available at: <http://www.health.nsw.gov.au/gmct/> [cited 2008 September 10].

Exciting career opportunity: Senior Postdoctoral Research Fellow

The Sax Institute is currently seeking applications from experienced high achieving postdoctoral researchers to conduct a program of research assessing the impact of the Greater Metropolitan Clinical Taskforce (GMCT) in NSW.

45 and Up Study: Baseline and Medicare data available for research

The 45 and Up Study is the largest longitudinal study of ageing in the southern hemisphere. It has recruited 170,000 participants and the full cohort of 250,000 is expected to be recruited by the end of the year. The Study has now received linked Pharmaceutical and Medicare Benefits data on the first 10,000 participants, and the first 35,000 individuals have been included in the Master Linkage Key for the NSW Centre for Health Record Linkage (CheReL <http://www.cherel.org.au/>). Baseline questionnaire data from the first 100,000 participants in the Study and PBS and MBS data from 10,000 participants is available for projects that apply for approval through the Study's Scientific Advisory Committee. Projects are currently underway investigating a wide variety of topics relevant for healthcare policy, including health insurance, obesity and hospitalisation, ageing and hospitalisation.

Prompt sheets and coaching before clinical consultation help patients address their information needs by asking questions

This systematic review and meta-analysis published in the *British Medical Journal* found that prompt sheets and coaching prior to medical and nursing consultations increased patient question asking and satisfaction with consultations. There was no evidence of other benefits, such as reductions in patient anxiety before consultations, increases in patient knowledge or length of consultations. The review found that interventions testing more extensive written materials and training for clinicians did not confer any more benefits than prompt sheets and coaching.

Using strict definitions and inclusion criteria, two independent reviewers identified 33 randomised trials that together involved 8244 patients. The vast majority of studies were conducted in the US, but some came from Australia, Canada, the Netherlands and Indonesia. It is the largest review on this topic conducted to date.

Kinnersley P, Edwards A, Hood K, Ryan R, Prout H, Cadbury N et al. Interventions before consultations to help patients address their information needs by encouraging question asking: systematic review. *BMJ*. 2008;337:a485. Available at: http://www.bmj.com/cgi/reprint/337/jul16_1/a485?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Kinnersley&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT [cited 2008 September 09].

Health service performance 'report cards' help organisations promote quality of healthcare

Most quality improvement happens at the organisational level but performance 'report cards' in this area are rare. This evidence synthesis on performance reporting was published by the Canadian Health Services Research Foundation, which facilitates knowledge exchange between researchers, health service managers and policy makers in Canada. It examined studies mostly from the US as well as a small number from the UK and Canada and found that publishing report cards can deliver significant quality improvements in healthcare organisations. Importantly, it found that report cards had little impact on the decision-making behaviour of the general public. Healthcare managers, however, found 'process of

care' and benchmark data, such as waiting times, particularly useful because it helped them implement quality improvements at the organisational level.

Canadian Health Services Research Foundation. Evidence Boost for Quality: Performance reporting to help organizations promote quality improvement. [Online]. 2008 June. Available at: http://www.chsrf.ca/mythbusters/html/boost14_e.php [cited 2008 September 09].

The impact of quality improvement collaboratives on the processes and outcomes of healthcare remains uncertain

This systematic review of a broad range of quality improvement collaboratives published in the *British Medical Journal* found they had a modest impact on the processes and outcomes of healthcare.

After defining strict inclusion criteria, two independent reviewers found nine controlled studies published between 1995 and 2006 that measured the impact of quality improvement collaboratives. Seven had a positive impact on the processes and outcomes of care, while two reported no benefits. Based on their complex findings the authors conclude "*the evidence underlying quality improvement collaboratives is positive but still limited and the effects cannot be predicted with certainty*".

Schouten LMT, Hulscher MEJL, van Everdingen JJE, Huijsman R, Grol RPTM. Evidence for the impact of quality improvement collaboratives: systematic review. *BMJ*. 2008;336:1491-1494. Available at: <http://www.bmj.com/cgi/reprint/336/7659/1491?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Schouten&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT> [cited 2008 September 09].

Research Round-up

Patients with transient ischaemic attack have better outcomes when admitted to hospital rather than being discharged from the ED

Patients who present to hospital with transient ischaemic attack (TIA) are at a higher risk of stroke in the following month. The risk can be minimised by providing early comprehensive assessment and treatment. Clinicians are responsible for deciding whether this requires hospitalisation.

This Australian study compared outcomes at 28 days and 1 year for patients admitted to hospital and those discharged after presenting to the ED. The researchers used routinely collected data from a group of 6 hospitals in a large metropolitan region of Australia to compare outcomes for 2535 patients. It found discharged patients were more likely than admitted patients to have a recurrent TIA or stroke within 28 days. Outcomes after 1 year were similar for both groups. Although this study was not randomised, it demonstrates that hospital admission following TIA is likely to be beneficial.

Kehdi EE, Cordato DJ, Thomas PR, Beran RG, Cappelen-Smith C, Griffith NC, et al. outcomes of patients with transient ischaemic attack after hospital admission or discharge from the emergency department. *Med J Aust*. 2008;189:1-12. Available at: http://www.mja.com.au/public/issues/189_01_070708/keh11390_fm.html [cited 2008 September 09].

A formalised approach to hospital labour by midwives increases maternal satisfaction with care

Prolonged latent phase of labour is associated with greater risk of surgical intervention during birth and poor outcomes for new born babies. This international, multi-site randomised trial, which was published in the *British Medical Journal*, examined the impact of a structured care program run by nurses or midwives during the latent phase of labour. The program was run in labour assessment units, which help determine when women should be admitted to labour wards, and aimed to improve maternal and neonatal outcomes.

5002 women presenting to any of the 20 participating hospitals (10 in the US, 8 in Canada and 2 in the UK) were included in the study. Women allocated to the intervention group received a minimum of 1-hour of formalised assessment from specially trained nurses or midwives. The control group received usual care. Women receiving the intervention were likely to be more satisfied with their care than those receiving usual care. There was a non-significant trend towards higher rates of spontaneous vaginal delivery for women in the intervention group, but no other outcomes reached statistical significance. The authors conclude that further study is required to strengthen the intervention before it can deliver better outcomes for mothers and babies.

Hodnett ED, Stremler R, Willan AR, Weston JA, Lowe NK, et al. Effects of birth outcomes of a formalised approach to care in hospital labour assessment units: international, randomised controlled trial. *BMJ*. 2008;337:a1021. Available at: http://www.bmj.com/cgi/reprint/337/aug28_1/a1021?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=hodnett&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT [cited 2008 September 09].

Financial incentives for providers reduce inequalities in primary care in England

This paper published in *The Lancet* shows that the introduction of a financial incentive scheme made access to primary care more equitable in England. The scheme provided financial incentives to GP practices based on their ability to meet a range of clinical benchmarks for patients with chronic diseases. Higher incentives were paid to practices when benchmarks were met for larger proportions of eligible patients. The objective of this study was to examine how this scheme reduced inequalities in the quality of care delivered by 7637 general practices, which were classified according to the degree of deprivation in the local area.

All practices demonstrated statistically significant improvements in clinical benchmarks after the incentive scheme had been operating for 3 years. However, practices from the most deprived areas showed the greatest improvement. This important study suggests that financial incentive schemes may help reduce inequalities in the delivery of primary care.

Doran T, Fullwood C, Kontopantelis E, Reeves D. Effect of financial incentives on inequalities in the delivery of primary clinical care in England: analysis of clinical activity indicators for the quality and outcomes framework. *Lancet*. 2008 August 30;372:728-736. Available at: <http://www.thelancet.com/journals/lancet/article/PIIS014067360861123X/abstract> [cited 2008 September 09].

New technology does not necessarily make hospitals more efficient

There is only limited evidence available showing that developments in hospital information technology (IT) systems improve efficiency. This UK study is the largest to date examining the impact of new technology systems designed to reduce unnecessary diagnostic testing. It assessed whether operational and clinical efficiency gains were made after new systems were implemented in four acute NHS trust hospitals. The new systems tested were: i) a computerised system for ordering pathology tests, and ii) a system for requesting radiological examinations and viewing results. Evaluations were made using routinely collected data before and after the new systems were implemented.

Both systems were associated with increases and decreases in tests and examinations. There were, for example, increases in urea and electrolyte tests for inpatients and computed tomography for outpatients, and decreases in outpatient pathology tests and requests for X-rays. The authors conclude that information technology has the potential to substantially reduce unnecessary diagnostic tests. However, they caution that assumptions of efficiency gains from healthcare IT might not be realised in practice.

Collin S, Reeves BC, Hendy J, Fulop N, Hutchings A, Priedane E. Implementation of computerised physician order entry (CPOE) and picture archiving and communication systems (PACS) in the NHS: quantitative before and after study. *BMJ*. 2008;337:a939. Available at: http://www.bmj.com/cgi/reprint/337/aug14_2/a939?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=computerised+physician+order+entry+&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT [cited 2008 September 09].

What Are People Talking About?

Where is the healthcare research to assist Australia's Health policy reform?

In a recent edition of the *Medical Journal of Australia*, its editor, Dr Martin Van Der Weyden, argues that Australia's current healthcare reform plan lacks a strategic research agenda. He explains that until very recently, health services research in Australia has been poorly funded. Substantial increases in funding through the NHRMC will redress this imbalance to a degree, but it is vital that it is underpinned by "a comprehensive research agenda to guide the gathering of evidence pertinent to healthcare reform".

Van Der Weyden MB. Health policy and reform: gathering the evidence. *Med J Aust*. 2008 August 4;189:169-170. Available at: http://www.mja.com.au/public/issues/189_03_040808/van10757_fm.html [cited 2008 September 09].

The next stage of NHS reform: the Lord Darzi review

In June this year, Professor Lord Darzi, UK Parliamentary Under Secretary of State and Chair of Surgery at Imperial College London, released his final report on reforming the English NHS. He explains that the most important next step for the NHS is to place greater emphasis on improving quality, not just quantity, of care. In the report, Lord Darzi proposes: linking health funding to patients' views on the quality of care they receive; publishing information on quality on the internet, in hospitals and GP practices; allowing patients to have the right to choose their own GP practice and doctor, and; removing the minimum income guarantee for GPs and linking funding more closely to access and quality of care.

Dr Richard Horton, the Editor of *The Lancet*, welcomed Lord Darzi's proposals. He said the reforms were a "cultural shift" and "radical re-visioning of the purpose of the NHS – away from the political command and control processes and towards professional responsibility for clinical outcomes". The Chief Executive of the King's Fund, Niall Dickson, also offered his support, claiming the proposals were "a sensible set of measures to improve quality and equity and a clear signal that responsibility for shaping and leading health services lies with staff at the local level".

Darzi A. High quality care for all: NHS Next Stage review final report [Online]. Department of Health. 2008 June 8. To view the full report, please go to: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825 [cited 2008 September 09].

Pay for Performance begins in Australia

Stephen Duckett and colleagues from Queensland developed and implemented Australia's first publicly funded pay-for-performance scheme - the Clinical Practice Improvement Payment scheme. The scheme was implemented in Queensland in 2007 as part of its new prospective payment system for funding hospitals. The scheme provides incentive payments to clinical units meeting clinical process indicators for mental health, stroke, emergency department, discharge medication information, and COPD. Data on the impact of the scheme is not yet available but it appears to have gained widespread support, despite early opposition.

Duckett S, Daniels S, Kamp M, Stockwell A, Walker G, Ward M. Pay for performance in Australia: Queensland's new Clinical Practice Improvement Payment. *J Health Serv Res Policy*. 2008 July 3;13:174-177. Available at: <http://jhsrp.rsmjournals.com/cgi/reprint/13/3/174> [cited 2008 September 09].

Should we implement large scale healthcare interventions without evidence they work?

A debate piece published in the *British Medical Journal* considered whether major interventions designed to improve the quality and safety of healthcare should be implemented if there is insufficient evidence demonstrating they work.

Bernard Crump, Chief Executive Officer of the NHS Institute for Innovation and Improvement (formerly the NHS Modernising agency), argues that it is difficult to gather conclusive experimental evidence on the effectiveness of complex multi-layered quality improvement initiatives that target systems, organisations and individuals. He argued that the key to success when evidence is lacking is to *"build in feedback on intermediate outcomes and...allow for the adjustment of the intervention as the implementation takes place"*.

On the other side of the debate, Seth Landefeld from the University of California, along with several colleagues, argued that well intentioned but unproven interventions can be ineffective, costly, harmful, and lead to enduring poor standards of care. They claimed that new interventions should only be implemented when there was evidence to show that the benefits outweighed the harms. They added that it is imperative to build knowledge and methods to gather the necessary data. One approach they advocate is to systematically evaluate the effects of implementation as programs are rolled out across the system.

Crump B, and Landefeld CS, Shojania KG, Auerbach AD. Head to head: Should we use large scale healthcare interventions without clear evidence that benefits outweigh costs and harms? *BMJ*. 2008;336:1276-1277. Available at: <http://www.bmj.com/cgi/pastseven?fdate=6/2/2008&tdate=6/8/2008&hits=200#head> [cited 2008 September 09].

The pros and cons of co-locating healthcare services: lessons from the UK

In this report, researchers at the UK King's Fund consider whether shifting certain health services out of hospitals and into polyclinics will improve access, quality of care, and lead to cost reductions. Polyclinic models vary considerably in England and abroad, but the co-location of primary, community and secondary care services are their defining feature. The Rudd government's SuperClinics are an Australian example of the polyclinic model.

While the report identifies many potential benefits of developing polyclinics in England, it also finds potential risks. Most importantly, it claims that: co-location in itself is not enough to guarantee integrated care; it may be more difficult to guarantee quality of care in polyclinics than hospitals; accessibility may be reduced, especially in rural areas; and they are unlikely to deliver substantial cost savings. The report concludes that polyclinics may offer real benefits for some communities, but they must be planned carefully.

Imison C, Naylor C, Maybin J. Under one roof. Will polyclinics deliver integrated care? [Online] The King's Fund. 2008. Available at www.kingsfund.org.uk/publications [cited 2008 September 09].

Forthcoming Events

Grand Challenges in Health and Medicine Public Lecture Series 2008: 24 September 2008, The University Of Sydney

In this lecture, Professor Bruce Armstrong will talk about 'Lifting the last straw: the challenge of chronic illness'. He will consider whether the often reported 'crises' in Australian hospitals are due in part to the mismanagement and underfunding of chronic diseases.

For further information, please go to: <http://www.health.usyd.edu.au/news/events/grandhealthchallenges/index.php> [cited 2008 September 10].

Menzies Centre for Health Policy 3rd Annual Emerging Health Policy Researchers Conference: 9 October 2008, The University Of Sydney

This conference will showcase the 'work in progress' of current doctoral and postdoctoral researchers. Professor Don Nutbeam, *Provost and Deputy Vice-Chancellor of the University of Sydney*, and Dr Helen Zorbas, *Director of the National Breast and Ovarian Cancer Centre*, will deliver keynote addresses.

For more information and registration information, please go to: <http://www.ahpi.health.usyd.edu.au/Menzies/conference08.php> [cited 2008 September 09].

Second National Symposium on Data Linkage Research: 'More than the sum of its parts': 20-21 October 2008, Adelaide

This symposium will examine Australia's current data linkage capability and the development of data linkage research. It brings together international and national experts from academia, human services' agencies and government, to consider questions such as: "What will data linkage research in Australia offer policy makers, planners and service providers in the twenty-first century? What is the current state-of-play of data linkage nationally? Where should we be heading in the future? What ethical and privacy issues are critical to its good governance?"

For further information please go to:

<http://www.publichealth.gov.au/symposium/symposium-introduction.html> [cited 2008 September 10].

5th Annual 45 and Up Study Collaborators' Meeting: 30 October 2008, Australian Technology Park, Eveleigh

This meeting aims to provide collaborators and other people interested in the 45 and Up Study with information on study progress and research taking place within the cohort. This year our guest speaker, Professor Elio Riboli, from the European Prospective Investigation into Cancer and Nutrition, will be speaking on investigating chronic disease aetiology using large scale cohort studies.

National Forum on Safety and Quality in Healthcare: 29-31 October 2008, Adelaide

This Forum will be hosted by the Australian Council on Healthcare Standards in collaboration with the Australian Commission on Safety and Quality in Health Care and the South Australian Department of Health. The theme for this forum is "Safety and Quality is Everyone's Business".

For more information please go to:

<http://www.sapmea.asn.au/conventions/forumsqhc2008/index.html> [cited 2008 May 29].

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