

Communique

Meeting 2 2018

The Victorian Clinical Council (the council) met on 8 June 2018 to discuss the issue of unwarranted variation, and how data can best be used to reduce unwarranted variation and improve care.

VARIATION THAT MATTERS – REDUCING UNWARRANTED VARIATION

Unwarranted variation was identified as a priority area for consideration.

Purpose

The purpose of the meeting was to advise on:

- effective data needed by clinicians and consumers to support consistent health outcomes
- other mechanisms and tools which support clinicians to act on unwarranted variation

Discussion

The council engaged several highly regarded speakers including:

- Professor Stephen Duckett, Grattan Institute
- Dr Anne Duggan, Australian Commission on Safety and Quality in Health Care
- Ms Mirella Matthews, Victorian Integrated Cancer Services
- Ms Kira Leed, Victoria Agency for Health Information
- Mr Keith Donohoe, consumer

The presentations summarised current data available and key areas of variation on a local, national and international scale. Stephen Duckett discussed variation in complications of care, including the cost to hospitals and the potential savings if complication rates were reduced. Stephen provided a strong argument for a new approach to improvement, one that better links staff and patient experience to outcomes. Anne Duggan detailed how variation is reported in The Atlas for Healthcare Variation. Anne provided examples of health services taking the Atlas findings further in order to identify and implement strategies to reduce their own variation. Mirella Matthews shared an example of cancer tumour summits connecting the available data and successfully using it to drive improvements in care. Mirella's key message centred on the importance of using data already available to identify variation and then exploring this data further to identify possible causes for this variation.

Kira Leeb provided an international perspective on how data can drive improvement, highlighting the fact that change will happen when ongoing attention is paid to variation. Keith Donohoe provided a consumer perspective on how data can support personal health care decisions. Keith emphasised the importance of care plans to ensure consumers receive streamlined care.

Later in the day David Bevan from Safer Care Victoria presented detailed Victorian data relevant to variation in preventable hospital admissions for people with diabetes complications. Detail was provided on geographical variations in healthcare outcomes and their possible link to socioeconomic variation.

USING DATA TO REDUCE UNWARRANTED VARIATION – THE GOOD, THE BAD AND THE POSSIBILITIES

Members were asked to consider how effective use of data could reduce unwarranted variation in chronic illness using diabetes complications and chronic obstructive pulmonary disease as examples. Council members identified a variety of data sources currently used by clinicians, including hospital admissions data (VAED), quality indicators, audit data, geospatial and registry data (both general registries and clinical quality registries) to support them to act on variation.

A lack of linked data was deemed the most significant barrier in using data to reduce unwarranted variation. The value of data linkage was identified by all groups; in particular there was a strong view that primary, secondary and hospital data including MBS and PBS data should be linked to better understand the patient journey and unwarranted variation.

Associate Professor Jill Sewell AM

Chair, Victorian Clinical Council

In order for data to support clinicians, it needs to include consumer data such as patient reported outcome measures (PROMS) and patient reported experience measures (PREMS), be transparent, real time, incentivised, reliable, accessible and benchmarked. Members also require tools such as interoperable IT platforms, consistent models of care, accessible clinical guidelines, and clinical care standards for clinicians, consumers and health services to help reduce unwarranted variation. They identified the need to instil a culture of support for data collection and local interrogation. Consumer engagement in data planning, interrogation and evaluation is considered vital.

CONCLUSION

A Victorian strategy to improve unwarranted variation

More effective use of data and a reduction in unwarranted healthcare variation are important priorities for Victoria. Formal advice from the council will follow in a report providing recommendations to the Department of Health and Human Services.

The council also reviewed our guiding principles and work plan at this meeting, which were informed by discussions at our March meeting earlier this year. I look forward to implementing these plans and continuing the council's discussions on Thursday 13 September 2018.

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