



**Australian
Clinical
Trials
Alliance**

**ACTA Submission on the National Safety and
Quality Health Service Standards Version 2:
Consultation Draft
November 2015**

Review of the NSQHS Standards
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

6 November 2015

Dear Receiving Officer,

Re: National Safety and Quality Health Service Standards Version 2: Consultation Draft

Thank you for the opportunity to comment on the National Safety and Quality Health Service (NSQHS) Standards Version 2: Consultation Draft on behalf of the Australian Clinical Trials Alliance (ACTA).

We would like to acknowledge the significant amount of work undertaken by the Australian Commission on Safety and Quality in Health Care (the Commission) to develop the Consultation Draft and extend our appreciation to all who have worked tirelessly to develop the document to its current stage.

Our comments are of an overview nature and relate to what we believe is a critical opportunity for the revised NSQHS Standards to provide national leadership for a new era of quality in healthcare and stimulate a transformational shift towards a culture of continuous self-improvement that is deeply embedded within every level of the Australian healthcare system.

We look forward to working closely with the Commission to help advance the healthcare quality agenda in Australia.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J Zalcborg', is positioned below the 'Sincerely,' text.

Professor John Zalcborg OAM
Chair, Australian Clinical Trials Alliance

Clinical uncertainty and unwarranted practice variation impact health service quality and patient outcomes

Australia's NSQHS Standards are, at their core, about improving outcomes for patients by encouraging all health services to achieve optimal standards across a number of well-established domains of quality. These include that healthcare is:

- **Effective** - delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;
- **Efficient** - delivering health care in a manner which maximises resource use and avoids waste;
- **Accessible** - delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;
- **Patient-centred** - delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;
- **Equitable** - delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;
- **Safe** - delivering health care which minimises risks and harm to service users ¹

Additionally, reducing clinical uncertainty and unwarranted variation and increasing the appropriateness of care have become key quality issues for healthcare providers and policymakers around the world aiming to both improve patient outcomes and build more efficient and productive healthcare systems that achieve better value for each dollar invested.

“Of the 20 to 40 percent of estimated “waste” in the health care system, practice variation accounts for approximately half. We also estimate that about half of that, or 5 to 10 percent of total costs, can be eliminated if payers systematically address practice variation.” BCG ²

¹ World Health Organisation (2006) Quality of Care : A process for making strategic choices in health systems. Geneva

² Kuenen JW, Luijs J, Grosch B, Kaplan J, Kent J, Thom M, De Bay P & Larsson S (2015). The Practice Variation Opportunity for Health Care Payers: Addressing Unwarranted Differences in Treatment Decisions [Report]. *BCG Perspectives* <http://on.bcg.com/1SuryHC> Accessed November 2015.

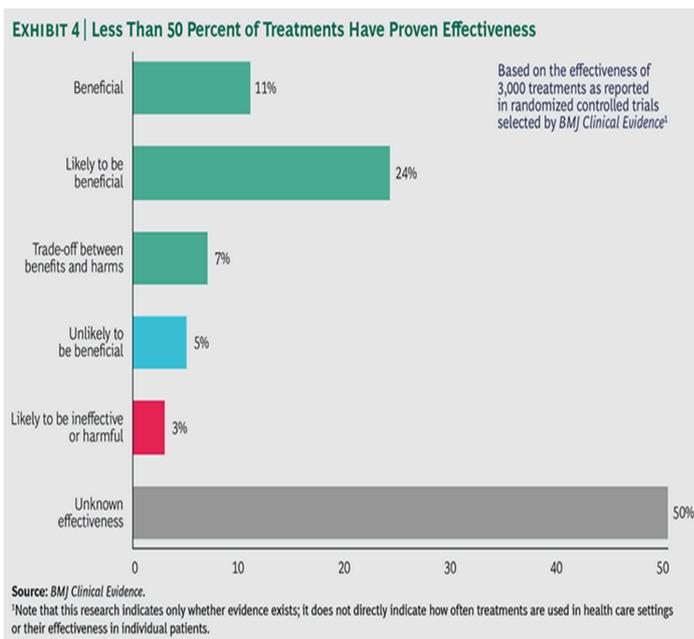
Addressing clinical uncertainty and unwarranted practice variation will require the generation of knowledge and evidence to become “core business” for all health services

The upcoming publication of the *Australian Atlas of Healthcare Variation* by the Commission, and the current *Medicare Benefits Schedule Review* are anticipated to provide strong evidence that the quality challenges in Australia are no different to elsewhere in the world. These findings are likely to show that there is widespread variation in practice, potentially related to poor quality evidence for the comparative effectiveness of a large number of medical treatments and therapies routinely provided within the Australian health system (see Figure 1).

ACTA strongly believes that the major advances in quality of care delivered to Australians over the next decade will be underpinned by routine measurement, analysis and comparison of clinical outcomes within and between health services (via clinical quality registries), and the conduct of large multicentre comparative evaluations (public-good clinical trials, comparative effectiveness studies and health services research) that answer important clinical questions about the appropriateness of a wide variety of treatment options— particularly where clinical uncertainty due to poor quality or conflicting evidence can be identified as a major driver of variation in practice and outcomes.

The systematic integration of these activities as part of the “core business” of providing healthcare generates a virtuous cycle of knowledge generation and application that supports a *Self-Improving Healthcare System* (see Figure 2).

Figure 1



Source: BCG Perspectives

Figure 2



A self-improving health system

A Self-Improving Health System integrates activities that have historically existed within two separate silos - traditional *Safety and Quality* measures such as clinical audit, clinical governance and continuous quality improvement on one side and *Clinical/Health Services Research* on the other. Such a system recognises at the highest-level that both *generating* and *applying* knowledge and evidence should be core business for all health services and the shared responsibility of all who fund, regulate, manage, deliver or receive healthcare.

Research-active health services deliver better outcomes

In Australia, the separation between Safety and Quality initiatives and Clinical/Health Services Research is still very much enshrined but elsewhere in the world Governments have begun to integrate and embed these activities into routine healthcare delivery with significant effect. An often cited example is the Swedish system where detailed clinical data available from more than 100 established clinical quality registries complements administrative data to provide an immensely valuable resource not only for the assessment and development of quality of care but also for research.³

“Above all, Sweden’s registries demonstrate that data on outcomes—when supplied and validated by clinicians and utilized to develop more effective treatment protocols and adjust them to specific patient populations—can unlock significant value by enabling better, more cost-effective care while eliminating unnecessary and ineffective treatments.” BCG⁴

In the United Kingdom, Clinical and Health Services Research has been deeply embedded into the fabric of the National Health Service (NHS) following the establishment of the National Institute for Health Research (NIHR) in 2006. A study published earlier this year provided evidence that participation in research impacts the quality of care that health services deliver to patients, reporting that research-active Trusts had lower risk-adjusted mortality for acute admissions, which persisted after adjusting for staffing and other structural factors.⁵

“[three recent studies have also suggested that] hospitals within research networks implement research findings more easily and more quickly, and that clinicians were more likely to adopt evidence-based practice and follow up-to-date clinical guidelines.” Odezimir et al.⁵

³ Emilsson L, Lindahl B, Köster M, Lambe M & Ludvigsson JF (2015). Review of 103 Swedish Healthcare Quality Registries. *J Intern Med.* 277(1):94-136.

⁴ Larsson S, Lawyer, P & Silverstein MB. (2010). From Concept to realist: Putting value-based health care into practice in Sweden. *BCG Perspectives* <http://on.bcg.com/1L0u1DI> Accessed November 2015.

⁵ Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, et al. (2015) Research Activity and the Association with Mortality. *PLoS ONE* 10(2): e0118253. doi:10.1371/journal.pone.0118253

The NSQHS Standards review is an opportunity for transformational change in the Australian health system

ACTA believes the NSQHS Standards have a key role to play in driving an historical and transformational shift towards a self-improving healthcare system for Australia.

Whilst we are encouraged to see the inclusion of item GS16 “Evidence-based care” in the Consultation Draft, we suggest that this should be significantly strengthened to place an onus on health services organisations to have systems in place that not only support clinicians to *use* the best available evidence (GS16.1a), but support the *active involvement* of clinicians in activities that *generate* high-quality evidence and ensure research governance processes encourage and facilitate these activities.

ACTA recommends that the Commission consider revising GS16.1 to include the following:

The health service has systems that:

- GS16.1a (existing)* *support clinicians to use the best available evidence, including relevant Clinical Care Standards developed by the Australian Commission for Safety and Quality in Health Care*

- GS16.1b (existing)* *provide clinicians with ready access to best-practice guidelines, pathways and decision support tools relevant to their practice*

- GS16.1c** **ensure data is routinely submitted to all clinical quality registries operating within the scope of clinical care provided by the health service**

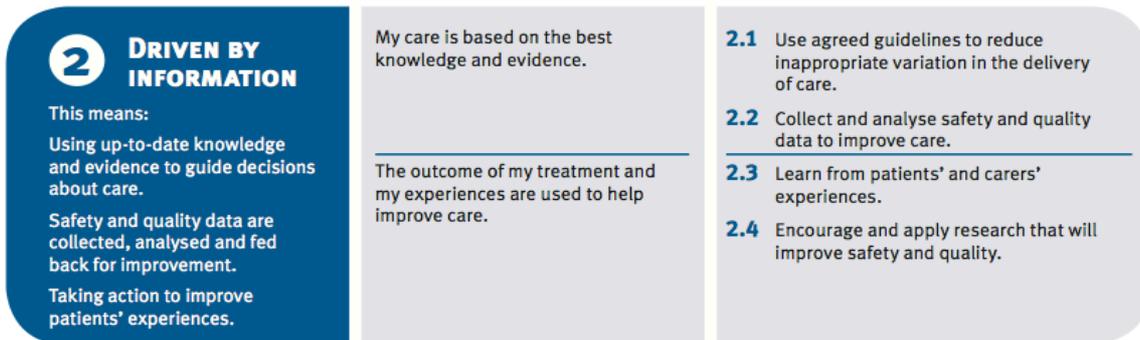
- GS16.1d** **support clinicians to participate in high-quality, multicentre research that addresses important clinical questions relevant to their clinical practice**

- GS16.1e** **ensure that local research governance processes are efficient and encourage clinicians to collaborate nationally and internationally to conduct research that has the potential to change practice or policy to improve safety and quality**

We believe these inclusions would create a powerful policy lever impacting the highest levels of governance, health service executives and owners, and managers of health service organisations to incentivise participation in activities that have the greatest capacity to improve health service quality and deliver better patient outcomes by addressing clinical uncertainty, reducing unwarranted variation and fostering appropriate care.

Integrating these three additional elements within the evidence-based care module would serve to better align the NSQHS Standards with the Australian Safety and Quality Framework⁶ launched in 2010, which places significant emphasis on a health system “**Driven by Information**” and identifies areas for action by people in the health system that include both the *generation* and *application* of knowledge and evidence as part of the quality agenda (see Figure 3).

Figure 3



It would also have the additional benefit of helping to break down silos by bringing together the work of the Commission to develop and monitor safety and quality standards with a number of policy initiatives across other Commonwealth and State health and research agencies working to improve patient outcomes and build a more efficient and productive health system.

⁶ Commonwealth of Australia. Australian Safety and Quality Framework for Health Care. December 2010. Canberra.

About ACTA

ACTA was established in 2014 as a national mechanism to support high-quality investigator-led clinical trials and clinical quality registries within the Australian healthcare system. The ACTA community represents more than 10,000 senior doctors, nurses, allied health professionals and career researchers around Australia.

ACTA's mission is to promote effective and cost-effective health care in Australia through investigator-initiated clinical trials and clinical quality registries that generate evidence to support decisions made by health practitioners, policymakers and consumers.

The ACTA community incorporates more than 60 clinical trials networks, clinical trial coordinating centres and clinical quality registries around Australia (see Appendix A). These groups cover a broad range of disease groups and clinical disciplines and extend well into regional – and in many cases, rural – healthcare facilities in Australia. They are among Australia's most productive and high impact clinical researchers; responsible for establishing the effectiveness, and in some cases the harm, associated with numerous new and/or commonly used medical therapies through public-good clinical trials and registries.

Appendix A: Members of the ACTA Community

1. Australasian Child and Adolescent Obesity Research Network (ACAORN)
2. Australasian College for Emergency Medicine Clinical Trials Group (ACEM Clinical Trials Group)
3. Australasian Consortium of Centres for Clinical Cognitive Research (AC4R)
4. Australasian Gastro-Intestinal Trials Group (AGITG)
5. Australasian Kidney Trials Network (AKTN)
6. Australasian Lung Cancer Trials Group (ALTG)
7. Australasian Radiopharmaceutical Trials Network (ARTnet)
8. Australasian Sarcoma Study Group (ASSG)
9. Australasian Sleep Trials Network (ASTN)
10. Australasian Society for Infectious Diseases Clinical Research Network (ASID CRN)
11. Australasian Stroke Trials Network (ASTN)
12. Australia & New Zealand Breast Cancer Trials Group (ANZBCTG)
13. Australia & New Zealand Neonatal Network (ANZNN)
14. Australia & New Zealand Society of Cardiac & Thoracic Surgeons (ANZSCTS) National Cardiac Surgery Database
15. Australia New Zealand Gynaecological Oncology Group (ANZGOG)
16. Australian & New Zealand Children's Haematology/Oncology Group (ANZCHOG)
17. Australian & New Zealand College of Anaesthetists Clinical Trials Network (ANZCA CTN)
18. Australian & New Zealand Intensive Care Society Centre for Outcomes & Resource Evaluation (ANZICS CORE)
19. Australian & New Zealand Intensive Care Society Clinical Trials Group (ANZICS CTG)
20. Australian & New Zealand Melanoma Trials Group (ANZMTG)
21. Australian & New Zealand Musculoskeletal Clinical Trials Group (ANZMUSC)
22. Australian & New Zealand Urogenital & Prostate Cancer Trials Group (ANZUP)
23. Australian Epilepsy Clinical Trials Network (AECTN)
24. Australian Motor Neuron Disease Registry (AMNDR)
25. Australian Neuromuscular Network (ANN)
26. Australian Orthopaedic Association National Joint Replacement Register (AOANJRR)
27. Australian Paediatric Research Network (APRN)
28. Australian Primary Care Research Network (APCRen)
29. Australian Research Centre for Health of Women & Babies, Robinson Institute.
30. Bariatric Surgery Registry (BSR)
31. Bi-national Colorectal Cancer Audit (BCCA)
32. Burns Service of Western Australia
33. Centre for Anaesthesia & Cognitive Function
34. Centre for Biostatistics & Clinical Trials (BaCT)
35. Cooperative Trials Group for Neuro-Oncology (COGNO)
36. Multiple Sclerosis Research Australia Clinical Trials Network (MSRACTN)
37. Neuroscience Trials Australia (NTA)
38. NHMRC Clinical Trials Centre (NHMRC CTC)
39. NSW Better Treatments 4 Kids (BT4K)
40. Orygen Youth Health Research Centre
41. Paediatric Research in Emergency Departments International Collaborative (PREDICT)
42. Paediatric Trials Network Australia (PTNA)
43. Palliative Care Clinical Studies Collaborative (PaCCSC)
44. Perinatal Society of Australia & New Zealand IMPACT Collaboration
45. Primary Care Collaborative Cancer Clinical Trials Group (PC4)
46. Prostate Cancer Clinical Quality Registry
47. Psycho-oncology Co-operative Research Group (PoCoG)
48. Queensland Centre for Mental Health Research
49. Queensland Clinical Trials & Biostatistics Centre
50. School of Public Health & Preventative Medicine, Monash University
51. South Australian Health & Medical Research Institute (SAHMRI)
52. Spinal Cord Injury Network (SCIN)
53. The ASPREE Study Group
54. The George Institute for Global Health
55. Therapeutic and Vaccine Research Program (TVRP), The Kirby Institute for Infection and immunity in Society
56. Trans-Tasman Radiation Oncology Group (TROG)
57. Transfusion Research Outcomes Collaborative (TORC)
58. Type 1 Diabetes Clinical Research Network (T1DCRN)
59. Victorian Ambulance Cardiac Arrest Registry
60. Victorian Cardiac Outcomes Registry (VCOR)
61. Victorian Cervical Cytology Registry (VCCR)
62. Victorian State Trauma Outcomes and Monitoring Registry (VSTORM)