



MEDIA RELEASE

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Australian Commission on Safety and Quality in Health Care launches first *Australian Atlas of Healthcare Variation*

Actions recommended to improve health care nationally

The Honourable Sussan Ley, Australian Minister for Health, launches the first national healthcare 'atlas', illuminating variation in health care provision across Australia.

The *Australian Atlas of Healthcare Variation* presents a clear picture of substantial variation in healthcare use across Australia, across areas such as antibiotic prescribing, surgical, mental health and diagnostic services.

Some variation is expected and associated with need-related factors such as underlying differences in the health of specific populations, or personal preferences. However, the weight of evidence in Australia and internationally suggests that much of the variation documented in the atlas is likely to be unwarranted. Understanding this variation is critical to improving the quality, value and appropriateness of health care.

Six clinical areas are examined in the atlas, covering prescribing, diagnostic, medical and surgical interventions. Priority areas for investigation and action include the use of antimicrobials and psychotropic medicines; variation in rates of fibre optic colonoscopy, knee arthroscopy, hysterectomy and endometrial ablation; and inequitable access to cataract surgery.

The Australian Commission on Safety and Quality in Health Care (the Commission) collaborated with the Australian, state and territory governments, specialist medical colleges, clinicians and consumer representatives to develop the atlas.

It is the first time that data from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and Admitted Patient Care National Minimum Data Set (APC NMDS) have all been used to explore variation across different healthcare settings. The atlas is presented alongside the first national recommendations for action.

Atlas Advisory Group Chair, Professor Anne Duggan said the atlas identified opportunities for improving the healthcare Australians receive.

"The atlas identifies a number of geographic and clinical areas where marked variation in practice is occurring. This means that people with the same health conditions, concerns or problems may not be receiving the same care as others, elsewhere, with the same problems," said Professor Duggan.

"This raises concerns that we have unwarranted variation in our health care system – now the challenge is to work out what is right.



“This atlas is the first in a series, and while it represents a significant step forward, much more work is needed. The atlas should be seen as a catalyst for generating action, with the ultimate aim of improving people’s care and outcomes, through improving the efficiency and effectiveness of the healthcare system,” said Professor Duggan.

Professor Willis Marshall AC, Chair of the Commission Board, also commented on the atlas, saying it embodied a shared aim of providing information to improve the appropriateness of care for populations and individuals in Australia and increasing the value obtained from resources allocated to health.

“The atlas findings and recommendations will make a substantial contribution to improving the quality of health care in this country,” Professor Marshall said.

“Australia has a world-class health system but it is crucial we study what these variations might tell us about how to do things better and more consistently in the future.

“The atlas is a powerful resource to help us identify and reduce unwarranted variation in health care, while also highlighting some population health concerns that warrant further investigation,” Professor Marshall said.

Ends

For interview opportunities about the *Australian Atlas of Healthcare Variation*, contact:

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NOTES TO EDITORS

About the Australian Commission on Safety and Quality in Health Care:

The Australian Commission on Safety and Quality in Health Care (the Commission) is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, consumers, clinicians, managers, policy makers and health care organisations, our aim is to achieve a sustainable, safe and high-quality health system. As a result of its work, the Commission has an ongoing program of significant national activity with outcomes that are demonstrating direct patient benefit as well as creating essential underpinnings for ongoing improvement. The Commission aims to use its role as the national body for safety and quality in health care in Australia to ensure that the health system is better informed, supported and organised to deliver safe and high quality care.

Key points from the *Australian Atlas of Healthcare Variation*:

- Modern medicine is characterised by an increasing expectation that people will receive care that is evidence based. Despite this expectation the safety and quality of health care varies, both across geographic areas and among individual clinicians.
- Understanding this variation is critical to improving the quality, value and appropriateness of health care.
- Some variation is expected – it reflects differences in people’s need for health care, underlying differences in the health of specific populations, or personal preferences.
- Where variation is ‘unwarranted’ – or not in keeping with what’s best for that person’s health care need or their preference - it signals that some people are missing out on health care that could have helped them while others are having interventions that are unlikely to be of benefit. And overuse of some interventions may cause harm.
- Unwarranted variation may reflect differences in clinicians’ practices, in the organisation of health care, and in people’s access to services. It may also reflect provision of poor-quality care that is not in accordance with evidence-based practice.
- The weight of evidence in Australia and internationally suggests that much of the variation documented in the atlas is likely to be unwarranted. The challenge is working out what ‘right’ look like.
- In some instances, regardless of variation, overall rates of use may be a concern.
- Priority areas for investigation and action include the use of antimicrobials and psychotropic medicines; variation in rates of fibre optic colonoscopy, knee arthroscopy, hysterectomy and endometrial ablation; and inequitable access to cataract surgery.
- Examining variation is an important first step in identifying and addressing unwarranted variation.
- Recognition is growing internationally that more health care is not necessarily better health care.
- For many years, Australia has been reporting on aspects of healthcare variation for performance and statistical purposes at both state and national levels. This is the first time that data from the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and Admitted Patient Care National Minimum Data Set have all been used to explore variation across different healthcare settings.
- The Australian Commission on Safety and Quality in Health Care has collaborated with the Australian, state and territory governments, specialist medical colleges, clinicians and consumer representatives to develop the atlas.
- The atlas identifies a number of geographic and clinical areas where marked variation in practice is occurring. The important relationship between socioeconomic disadvantage and illness is reflected in the findings of many of the analyses. In disadvantaged areas, people tend to have poorer health and thus a greater need for



health care and may also have less access to healthcare services which can compound the existing disadvantage.

- The findings add to the weight of evidence about the urgent need to address the determinants of health of Aboriginal and Torres Strait Islander peoples and related health inequality. Given the importance of improving the health and wellbeing of Indigenous people, unwarranted variation is unacceptable.
- More work is needed to assess the outcomes of interventions for health consumers, to help identify appropriate treatment rates, and what level of variation is warranted.
- International comparisons can help put Australian results into context.
- Australia has a world class health system and mapping variation in service delivery is an opportunity to provide even better healthcare here.

From the *Australian Atlas of Healthcare Variation* national findings:

Antimicrobial dispensing

- Australia has very high overall rates of community antimicrobial use compared with some countries. In 2013–14, more than 30 million PBS prescriptions for antimicrobials were dispensed.

Diagnostic interventions

- Nearly 600,000 MBS-funded fibre optic colonoscopies were performed in Australia in 2013–14. Very large variations were seen across the country – the area with the highest rate was 30 times higher than that of the area with the lowest rate.
- In 2013–14, 314,000 MBS-funded computed tomography scans were performed on the lumbar spine with marked variation across the country. Inappropriate use of diagnostic imaging exposes patients to unnecessary radiation.

Surgical interventions

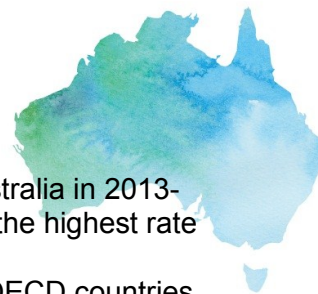
- Rates of MBS-funded knee arthroscopy in people aged 55 and over were seven times higher in some areas of Australia than in others. Despite the evidence that knee arthroscopy is of little benefit for people with osteoarthritis, and may in fact cause harm, more than 33,000 operations were performed in Australia.
- Women living in regional areas of Australia were up to five times more likely to undergo a hysterectomy or endometrial ablation for abnormal uterine bleeding than those living in cities.
- Patients in some areas of Australia were seven times more likely to undergo MBS-funded cataract surgery than those in some other areas, with more than 160,000 operations recorded in 2013–14.

Interventions for chronic diseases

- In remote areas, hospital admission rates for adults were markedly higher than in metropolitan areas for:
 - heart failure
 - asthma and chronic obstructive pulmonary disease
 - diabetes-related lower limb amputation.
- While Australians have higher rates of asthma compared with other countries, hospitalisation rates are low. From 2010-11 to 2012-13, on average around 15,000 children and young people were admitted to hospital for asthma in Australia each year. This may reflect a strong emphasis on using asthma management plans in primary care.

Interventions for mental health and psychotropic medicines

- A very high variation was seen in dispensing of psychotropic medicines for children and adolescents 17 years and under. More than 500,000 prescriptions were



dispensed for attention deficit hyperactivity disorder medicines in Australia in 2013-14. The number of prescriptions per 100,000 people in the area with the highest rate was 75 times higher than in the area with the lowest rate.

- Australia is second only to Iceland in the use of antidepressants for OECD countries. Nearly 15 million PBS-funded prescriptions for antidepressant medicines were dispensed for people aged 18 to 64.
- More than 900,000 prescriptions for antipsychotic medicines were dispensed for people aged 65 and over. The number of prescriptions was seven times higher in the area with the highest rate compared to the area with the lowest rate. High and inappropriate prescribing of antipsychotic medicines has been documented in older people. These medicines may be prescribed outside guideline recommendations, such as for behavioural disturbances related to dementia or delirium, before secondary causes have been excluded and non-pharmacological measures have been tried.
- Also of significance in this age group was the variation in anticholinesterase medicines dispensing, illustrated in Chapter 6: Interventions for chronic diseases. The number of prescriptions dispensed for anticholinesterase medicines for people aged 65 and over was more than 15 times higher in the areas with the highest rate compared to the area with the lowest rate.

Opioid dispensing

- In 2013-14, nearly 14 million prescriptions were dispensed through the PBS for opioid medicines. The number of prescriptions dispensed was 10 times higher in the area with the highest rate compared to the area with the lowest rate. There is no apparent explanation for this, although the availability of other options for treatment of non-cancer pain may be a factor.

About healthcare variation:

- Some variation in healthcare is expected – it reflects differences in people's need for health care, underlying differences in the health of specific populations, or personal preferences.
- Where variation is 'unwarranted' – or not in keeping with what's best for that person's health care need or their preference – it signals that some people are missing out on health care that could have helped them while others are having interventions that are unlikely to be of benefit. We know that overuse of some interventions may cause harm.
- Unwarranted variation may reflect differences in clinicians' practices, in the organisation of health care, and in people's access to services. It may also reflect provision of care that is not in accordance with evidence-based practice.
- The weight of evidence in Australia and internationally suggests that much of the variation documented in the atlas is likely to be unwarranted. The challenge is to improve the appropriateness of care.