



On the Radar

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On the Radar

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Reports

Patient Online: The Road Map

Rafi I, Morris L, Short P, Hassey A, Gower S, de Lusignan S on behalf of the Patient Online Working Groups (2013)

London: Royal College of General Practitioners (Clinical Innovation and Research Centre), 2013.

Notes	Patient Online describes access by patients to online services (booking and cancelling of appointments, ordering of repeat prescriptions), online communication with the practice and online records. This guidance, created by the UK Royal College of General Practitioners along with many collaborators, is designed to support GP practices in providing online access for patients. It looks at the principles of online access to records by patients; steps to offering access; and the principles around training, education and support for practices. Issues around information governance, including third party data and GP workload, are taken into account.
URL	http://www.rcgp.org.uk/~media/Files/CIRC/POA/RCGP-Road-Map.ashx

Dementia care in hospitals: Costs and strategies
 Australian Institute for Health and Welfare
 Canberra: AIHW, 2013.

Notes	<p>This report estimates the cost of caring for people with dementia in New South Wales hospitals, and presents strategies and practices being implemented in Australia and internationally that might improve outcomes for people with dementia and reduce care costs.</p> <p>The average length of stay and cost of hospital care for people with dementia was generally higher than for people without dementia (\$7,720 compared with \$5,010 per episode). The total cost of hospital care for these patients was estimated to be \$462.9 million, of which around \$162.5 million may be associated with dementia. Strategies that might improve outcomes for people with dementia in hospitals were identified, including strategies outside the hospital, strategies within emergency departments, strategies within the hospital, cross-sectoral strategies and environmental strategies. All of these strategies are ultimately aimed at improving the care experience for people with dementia. The findings of the review of strategies suggest that a multifaceted and integrated approach between hospital, mental health, residential aged care and community services is most likely to ensure that dementia care is delivered in the most appropriate and beneficial setting for the patient.</p>
URL	http://www.aihw.gov.au/publication-detail/?id=60129542746

The economic burden of antimicrobial resistance: Why it is more serious than current studies suggest
 Smith R, Coast J
 London School of Hygiene & Tropical Medicine, 2013

Notes	<p>Smith and Coast, two UK health economists, published a systematic review on the economics of antibiotic resistance a decade ago. They have just completed this rapid review, commissioned and funded by the UK Department of Health Policy Research Programme.</p> <p>They concluded that “current estimates of the cost of resistance are modest” because “they are based loosely on the ‘incremental’ cost related to the extra treatment of resistant over susceptible primary infection”. They argue that this method of calculation masks the true economic burden of resistance. As modern health care advanced, antibiotics became a crucial element to allow this development. Thus, they argue, the loss of antibiotics as a resource due to antimicrobial resistance heralds “the loss of modern healthcare” and any assessment of its costs ought to take this bleak future into account.</p>
URL	http://www.lshtm.ac.uk/php/economics/assets/dh_amr_report.pdf

Journal articles

Winding back the harms of too much medicine

Moynihan R, Glasziou P, Woloshin S, Schwartz L, Santa J, Godlee F
BMJ 2013;346:f1271

Notes	This editorial ties in with the launch of the <i>Too Much Medicine</i> campaign (see ‘Online Resources’). The authors proclaim the threat to human health from overdiagnosis, and the harms and waste from unnecessary tests and treatments, and tie it into a larger effort to combat over-medicalisation, including the US “Choosing Wisely” campaign. The authors also note that the concept of overdiagnosis is unfamiliar and counterintuitive to many people, and one of the challenges of this campaign will lie in communicating effectively the medical, social, and economic harms of too much medicine.
DOI	http://dx.doi.org/10.1136/bmj.f1271

BMJ Quality and Safety online first articles

Notes	<i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none">• Is the Surgical Safety Checklist successfully conducted? An observational study of social interactions in the operating rooms of a tertiary hospital (Stéphane Cullati, Sophie Le Du, Anne-Claire Raë, Martine Micallef, Ebrahim Khabiri, A Ourahmoune, A Boireaux, M Licker, P Chopard)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

Online resources

[UK] Too Much Medicine

<http://www.bmj.com/too-much-medicine>

A new campaign launched by the BMJ aims to highlight the threat to human health posed by over-diagnosis and the waste of resources on unnecessary care.

[USA] How To Think About Evidence When Deciding Whether To Adopt an Innovation

<http://www.innovations.ahrq.gov/content.aspx?id=3837>

US Agency for Healthcare Research and Quality’s (AHRQ) Health Innovation Exchange page, written by Brian S. Mittman, John Øvretveit, Paul Plsek and Susanne Salem-Schatz discusses some of the issues around whether to adopt an innovation in a given context. The page notes that assessing the likely value and benefits in a local health system or delivery setting is a necessary and challenging step. In this piece, issues regarding the interpretation and use of effectiveness evidence about care delivery and policy innovations are examined, and an alternative approach to thinking about the information required when making decisions about the adoption of such innovations is outlined.

[Canada] The Registry of Methods and Tools: knowledge translation methods and tools for public health

<http://www.nccmt.ca/registry/index-eng.html>

The Registry is a searchable, online collection of methods (processes) and tools (instruments) for knowledge translation in public health. The Registry’s goals are to help public health practitioners:

- communicate new knowledge to clients and colleagues
- support innovation uptake in their organisations
- synthesize and appraise public health related research

- apply a new technique for working with community partners, and
- summarise relevant evidence for public health policy decisions.

The Registry contains summary statements of knowledge translation methods and tools to help practitioners use evidence in their practice. The Registry identifies and describes effective resources for knowledge translation, making them easier to find and use.

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