

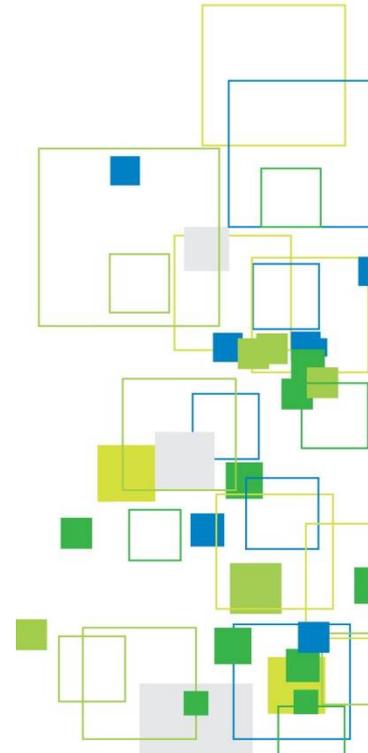


National Health Performance **Authority**

The promise and perils of performance measures in healthcare: Australian and international experiences

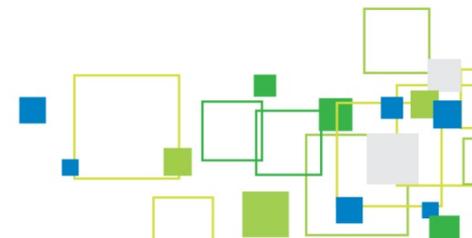
AHHA, Deeble Institute, ANU, Menzies Centre
20th June

Bernie Harrison: Executive Director Hospital Performance



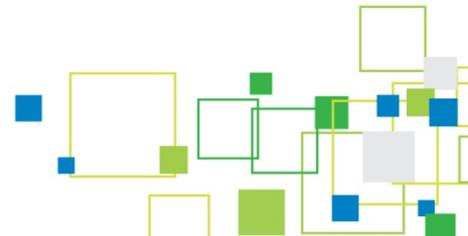
National Health Reform Act 2011

- Australian Commission on Quality and Safety in Health Care
- National Health Performance Authority
- Independent Hospital Pricing Authority
- National Health Funding Body



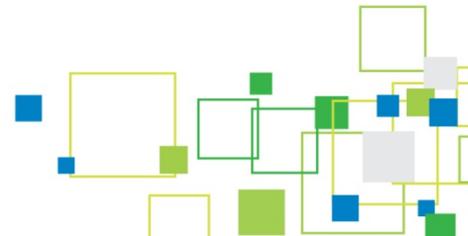
National Health Reform Agreement

- ‘The objective of this Agreement is to improve health outcomes for all Australians and the sustainability of the Australian health system’
- Will deliver major structural reform
- And provide for more sustainable funding arrangements for Australia’s health system



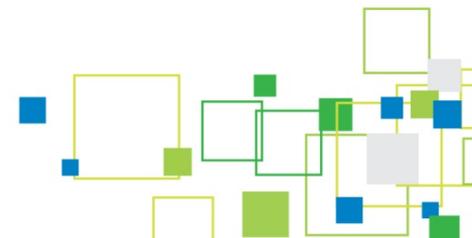
Our Mission

The National Health Performance Authority will monitor, and report on, the comparable performance of health care organisations to stimulate and inform improvement in the Australian health system, increase transparency and accountability and inform consumers.



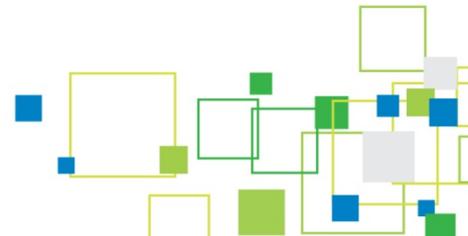
Our Vision

- The Australian community will have access to and use timely, impartial and user-friendly information about the comparable performance of healthcare organisations and local health systems.



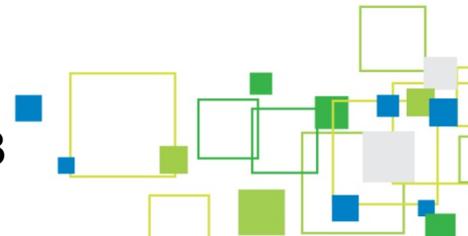
To monitor, and report on, the performance of the following:

- Local hospital networks
- Public hospitals
- Private hospitals
- Primary health care organisations
- Other bodies or organisations that provide health care services.



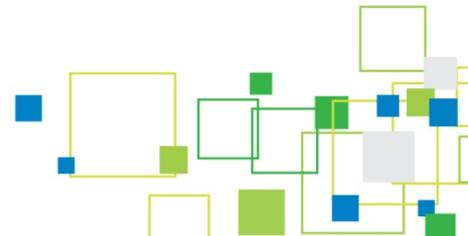
Healthcare fails its theoretical potential

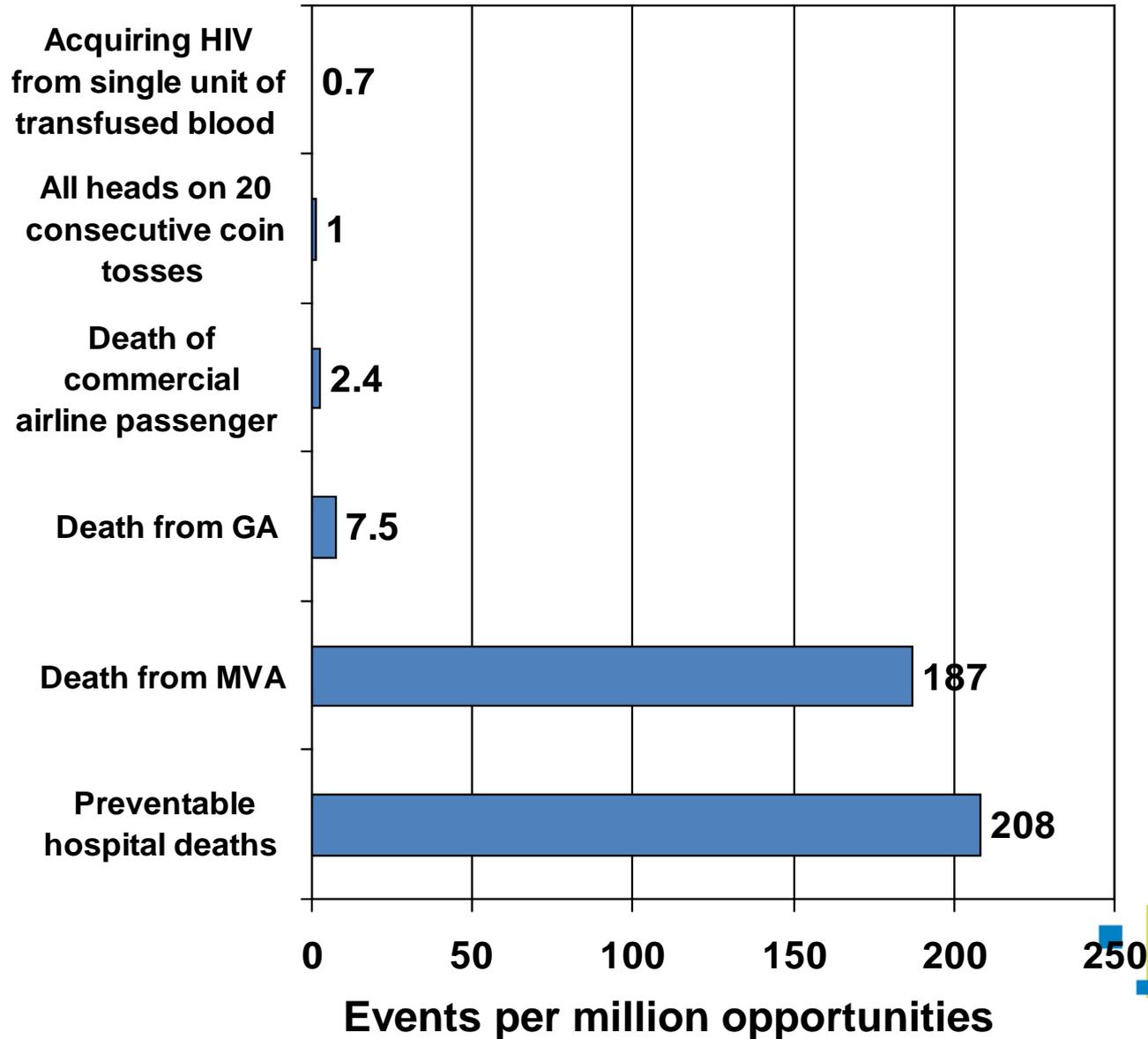
- Massive variation in clinical practice
- High rates of inappropriate care
- Unacceptable rates of preventable injuries
- Under use of effective treatments



Six Sigma Performance

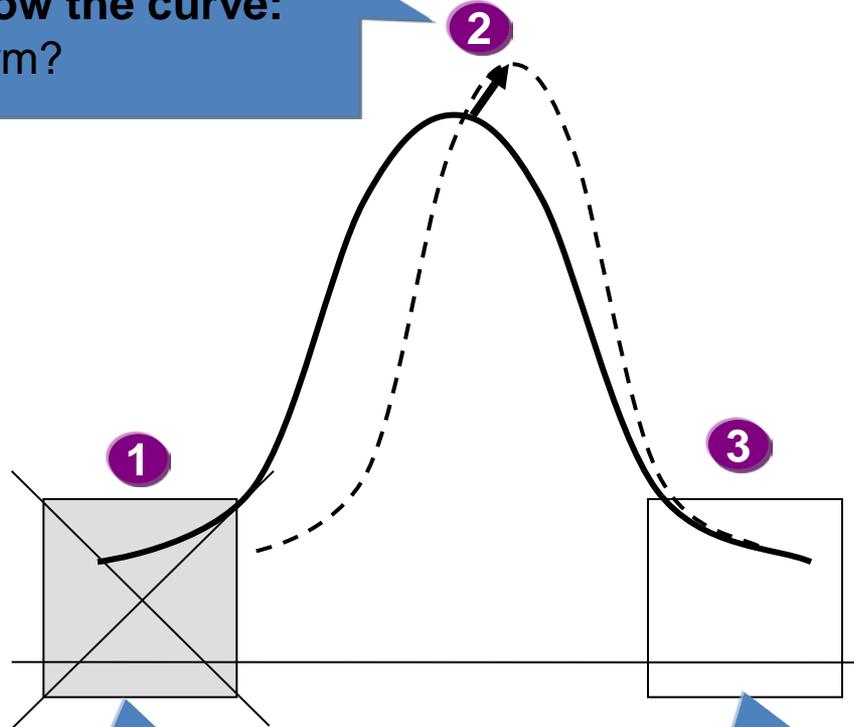
- 99.99966% of the outcomes of processes are expected to be free of defects
- i.e. 3 defects per million
- So how do we do?





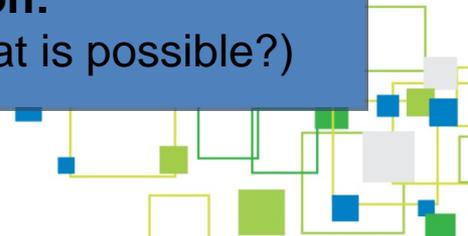
The “Quality Curve”

Shift and narrow the curve:
What is the norm?



Cut the tail:
What is unacceptable?

Extend the ambition:
What is great? (What is possible?)



The “Quality Journey”



**How we
define ‘good’**

▪ *To meet all required targets*

▪ *To be better than others, locally or nationally*

▪ *To be the best we can possibly be*

**Source of
motivation to
deliver**

▪ From outside
—Imposed

▪ From outside
—Top-down

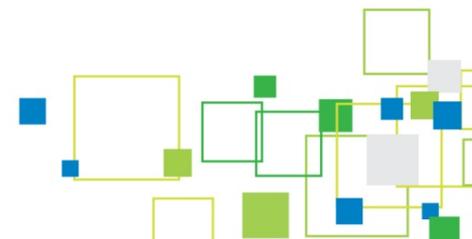
▪ From inside
—Internal, personal

Duration

▪ Episodic

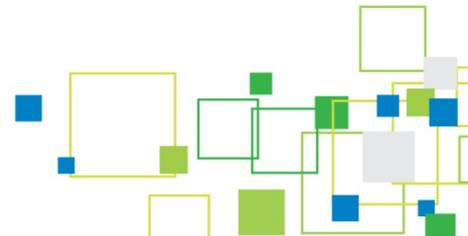
▪ Episodic

▪ Ongoing



Four Ways to Deliver Public Services

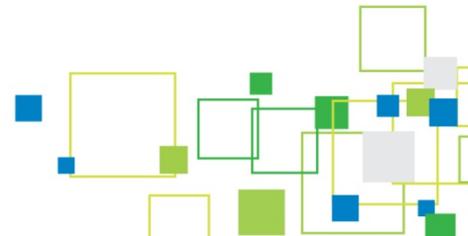
- **Trust**, in professionals and public sector staff to use principled motivation to bring about improvements in public services
- **Command and control**, to use targets and top-down performance management to bring about change
- **Voice**, to empower public service users to complain and in so doing to exert pressure for reform
- **Choice and competition**, to create incentives for service providers to be responsive to the needs of users and efficient use of resources
- (LeGrand 2007)



What works?

Local health organisations making informed decisions and improving care: England

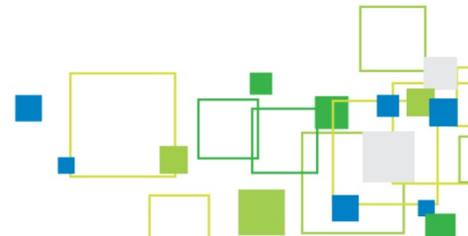
Every year for the past 11 years, the comparable performance of all hospital trusts in the NHS have been publicly released. This approach to **public reporting**, has served as an **early warning system**. Dr Fosters Guide directly **led to investigators at organisations** such as Mid Staffordshire NHS Foundation Trust **that were required to stimulate improvements in care.**



Speaking at the publication of his final report, Robert Francis QC said

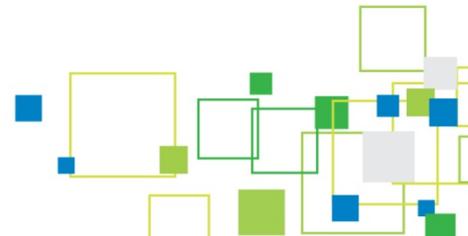
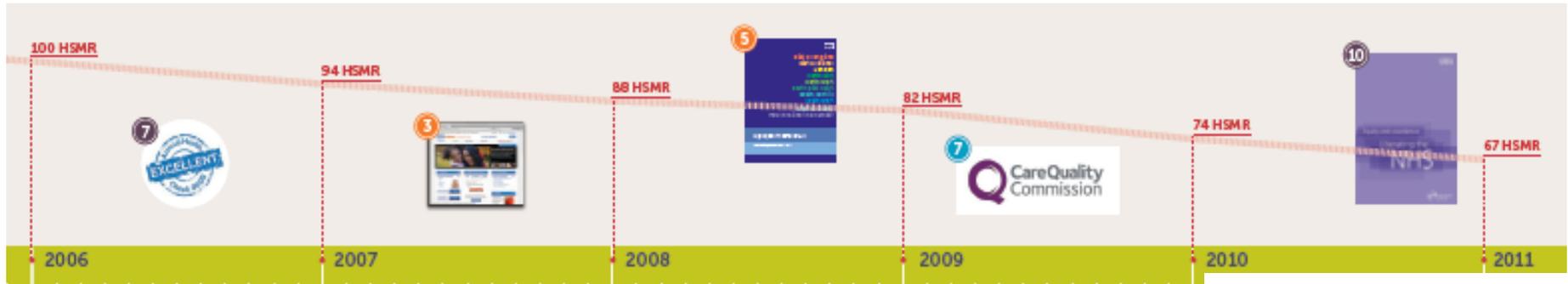
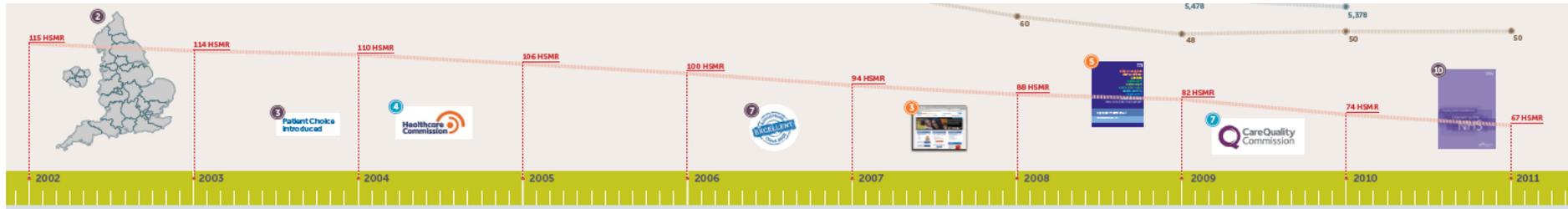
"I heard so many stories of shocking care. These patients were not simply numbers they were husbands, wives, sons, daughters, fathers, mothers, grandparents. They were people who entered Stafford Hospital and rightly expected to be well cared for and treated. Instead, many suffered horrific experiences that will haunt them and their loved ones for the rest of their lives."

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Chaired by Robert Francis QC



Hospital Standardised Morality Ratio in the NHS

- in 2002: **115**
- in 2006: **100**
- in 2011: **67**

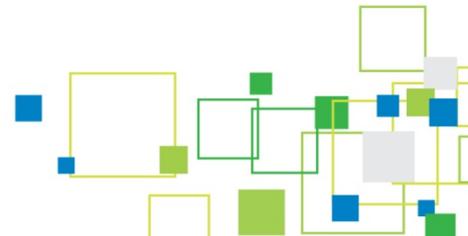


What works?

Local health organisations making informed decisions and improving care: Canada

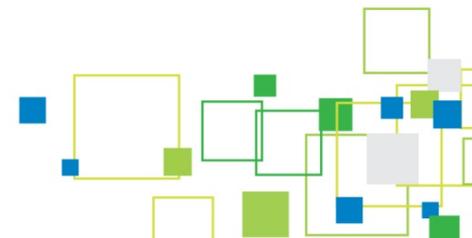
All 75 of the nation's major hospitals monitor and publicly report on the extent of unexpected death in hospital. **Since hospital data were publicly reported in 2005, there have been significant declines in unexpected death in 40% of hospitals. Improvements in care resulted in fewer people dying unexpectedly in hospital.**

Canadian Institute for Health Information. 2010. Health care in Canada. Toronto, Ontario



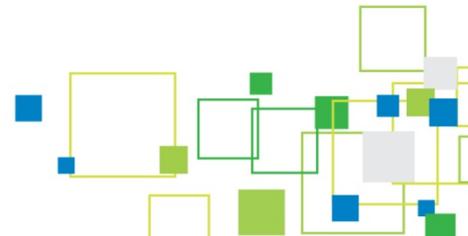
COAG indicators for Hospitals (examples)

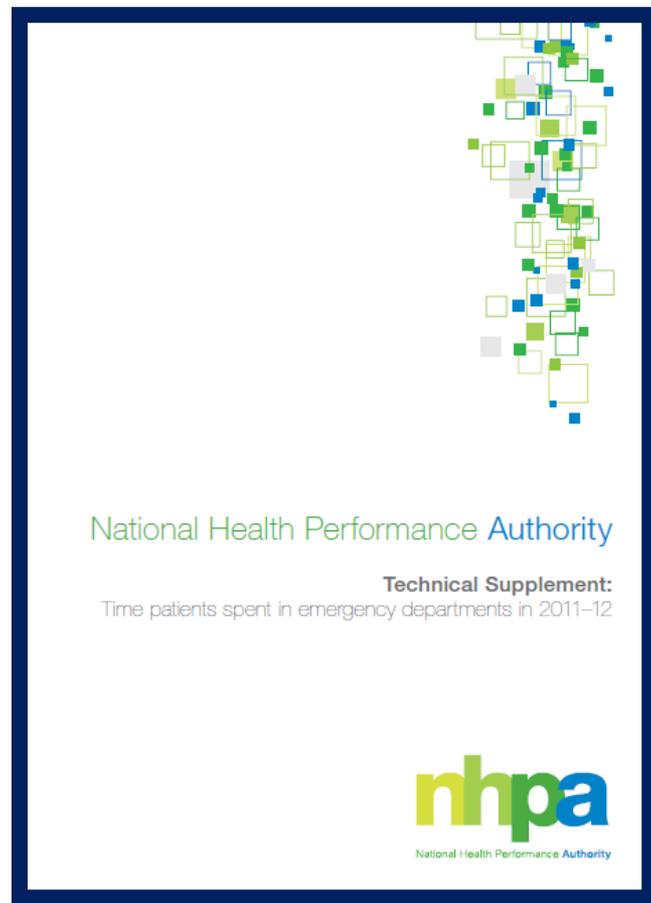
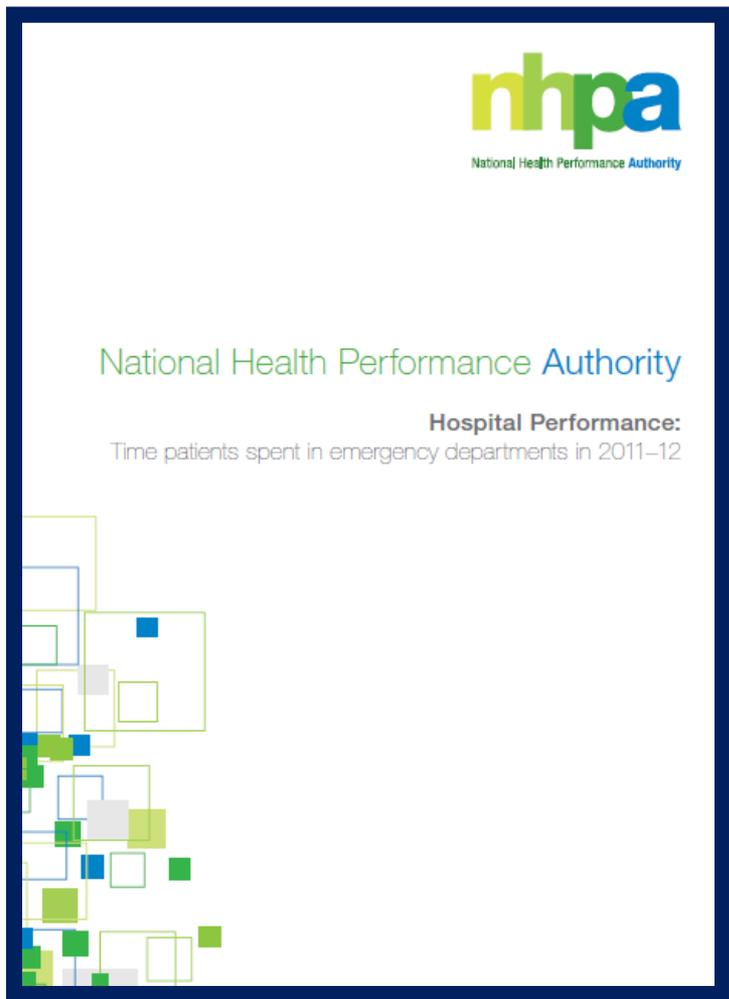
- Effectiveness – Safety and quality
 - Hospital mortality
 - Unplanned readmissions
- Effectiveness – Patient experience
 - Measure of patient experience
- Equity and effectiveness – Access
 - Access to services by type of service compared to need
 - Cancer care pathway – waiting times for cancer care
 - Elective surgery waiting times by urgency category
- Efficiency and financial performance
 - Relative stay index for multi-day stay patients
 - Day or surgery admission rates for non-emergency multi-day patients
 - Cost per case mix weighted separation



COAG indicators for Medicare Locals (examples)

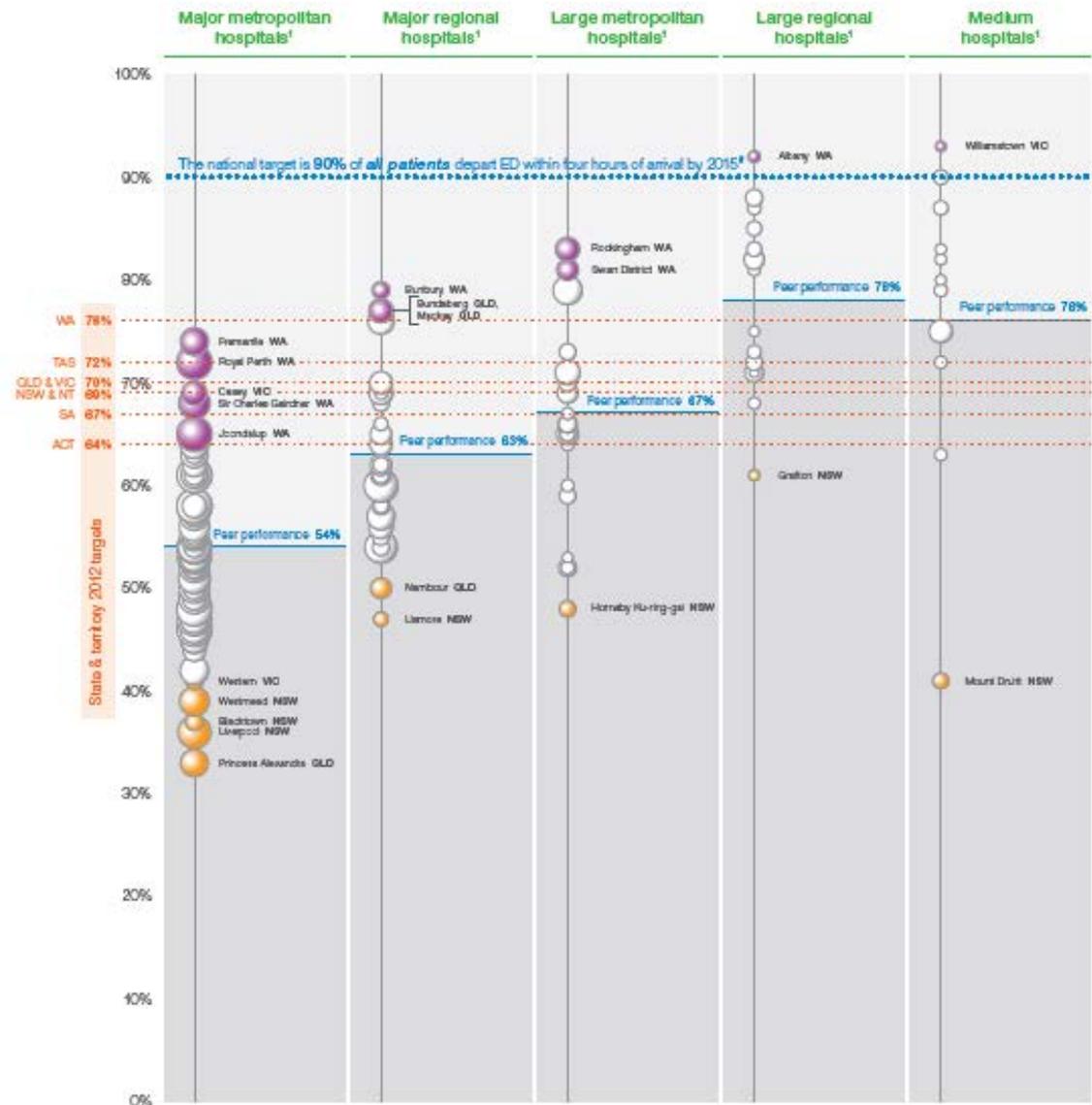
- Effectiveness – Safety and quality
 - Selected potentially avoidable hospitalisations
- Effectiveness – Patient experience
 - Measure of patient experience
- Equity and effectiveness – Access
 - Access to services by type of service compared to need
 - GP type service use
 - Vaccination rates for children
 - Number of women with at least one antenatal visit in the first trimester
- Health outcome context
 - Prevalence of diabetes
 - Infant/young child mortality rate





Hospital Performance: Time patients spent in emergency departments in 2011-12

Figure 1: Percentage of all patients departing ED within four hours of arrival amongst the largest hospital EDs in Australia, by peer group¹, 2011-12



Presentations

Performance

- In highest 10% of peer group hospitals nationally
- Other hospitals (See results on pages 11-23)
- In lowest 10% of peer group hospitals nationally

1. For more information on measures and peer groups see www.myhospitals.gov.au
 (R) Hospitals have more than two years to achieve the national target.
 Source: National Non-admitted Patient Emergency Department Care Database 2011-12, data extracted 5 November 2012.

Victoria

Time in ED from arrival to departure 2011–12

Percentage of *all patients* departing ED within four hours of arrival¹

The national target for 2015 is 90% of all patients depart ED within four hours of arrival.

The Victorian target for 2012 is 70%.

For peer-grouped hospitals, the percentage of patients departing ED within four hours varied across Victoria, ranging from 93% at Williamstown Hospital in the medium hospitals peer group to 41% at Western Hospital in the major metropolitan hospitals peer group.

Time until most *admitted patients* (90%) departed ED²

In Victoria's peer-grouped hospitals, the period of time until *most admitted* patients (90%) departed ED for admission to a ward in the same hospital ranged from 7 hours and 28 minutes at Williamstown Hospital in the medium hospitals peer group to 21 hours and 17 minutes at Frankston Hospital in the major metropolitan hospitals peer group.

Figure 6: Percentage of *all patients* departing ED within four hours of arrival, regional Victoria and the city of Geelong, 2011–12

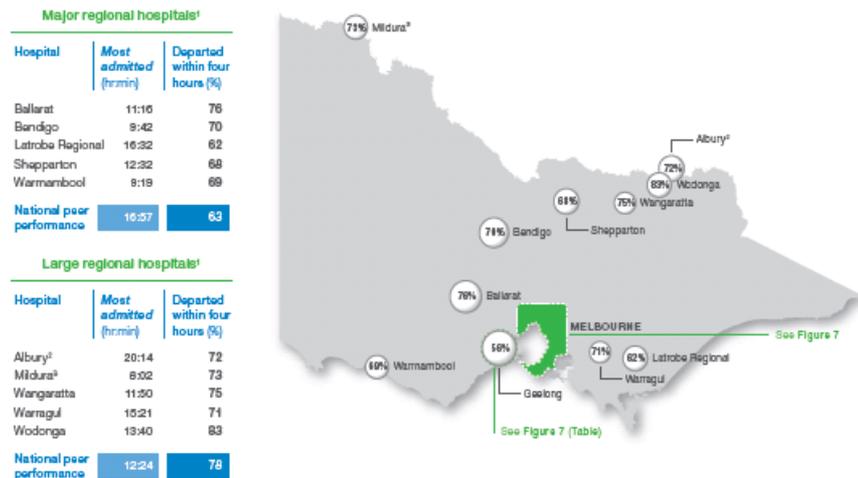
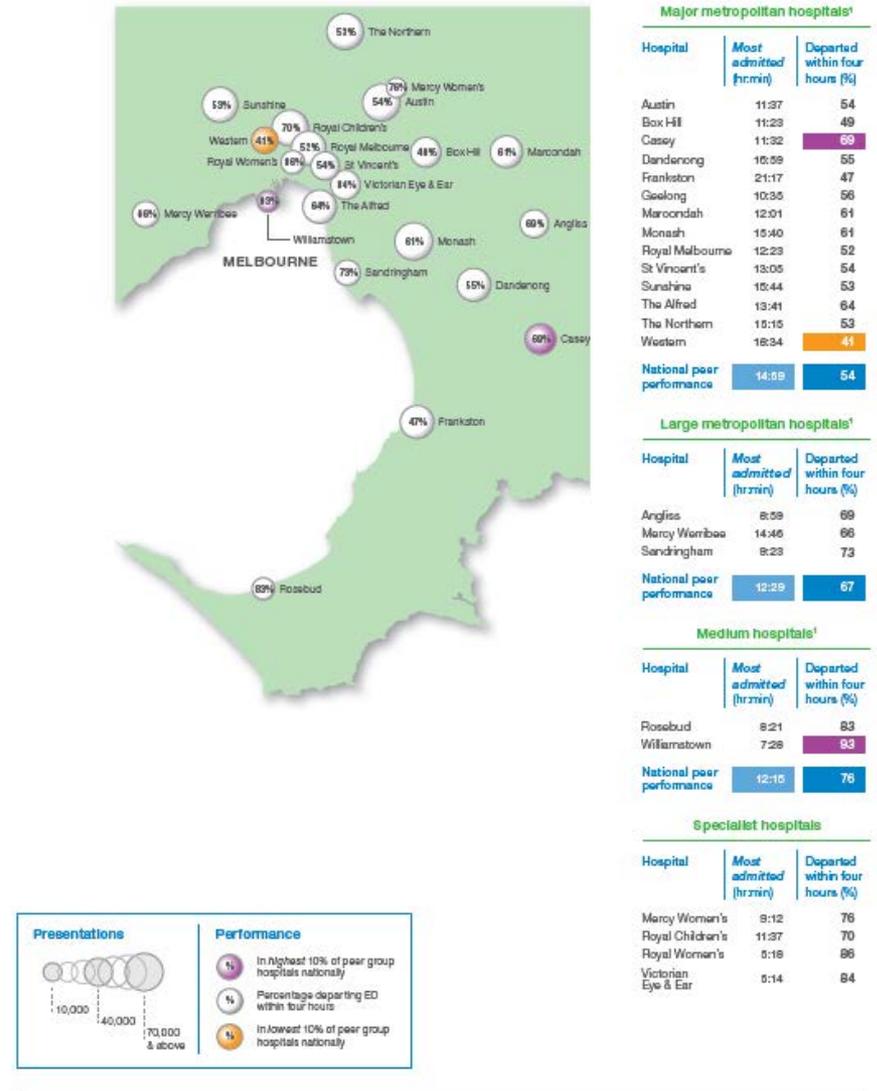


Figure 7: Percentage of *all patients* departing ED within four hours of arrival, major cities Victoria, 2011–12



1. For more information on measures and peer groups see www.myhospitals.gov.au
 2. Albury hospital is a campus of Albury Wodonga Health. It is located in NSW but operates in the Victorian health system.
 3. Information about time spent in ED has been affected by patient management system issues at this hospital.
 Source: National Non-admitted Patient Emergency Department Care Database 2011–12, data extracted 6 November 2012.



National Health Performance Authority

National Health Performance Authority

Healthy Communities:

Australians' experience with primary health care in 2010–11



National Health Performance Authority

Healthy Communities:

Australians' experiences with primary health care in 2010–11
Technical Supplement

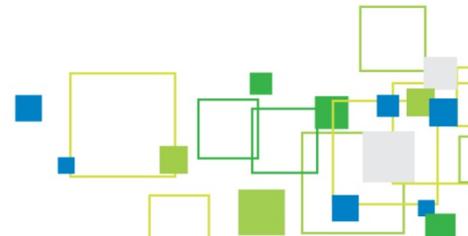


National Health Performance Authority

COAG indicators

The report examines use, patient experiences and the perceived health of populations living in each Medicare Local area against a range of indicators, including:

- GP attendances
- Measures of patient experiences
- Wait times for GP services
- After-hours GP service utilisation.

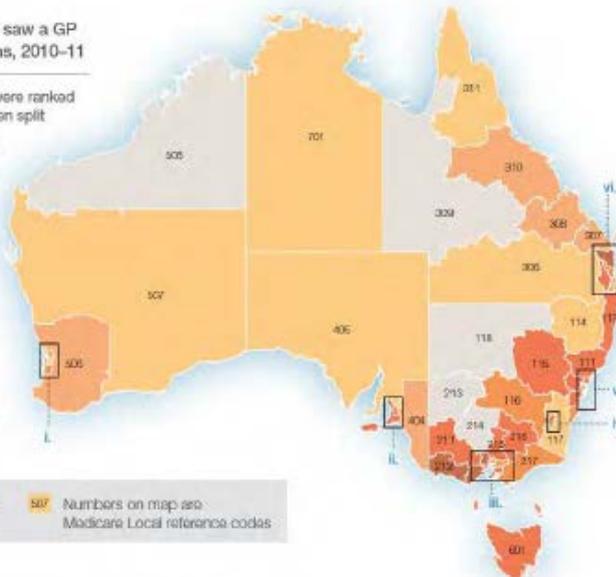
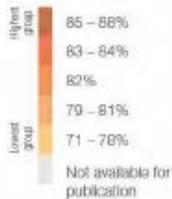


Seeing a GP

In 2010–11, the percentage of adults who said they saw a GP in the preceding 12 months varied across Medicare Locals, ranging from 71% to 88%.

Percentage of adults who saw a GP in the preceding 12 months, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.¹ The range within each of the five groups was as follows:



1. Each Medicare Local has been assigned to a quintile group. For more information see www.nhpa.gov.au
 2. For more information on peer groups see www.nhpa.gov.au
 3. Peer group results are calculated using the results of all survey responses within the group. For more information see www.nhpa.gov.au
 Note: Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete indigenous communities.
 Source: Australian Bureau of Statistics, Patient Experience Survey 2010–11.
 Data can be downloaded from www.nhpa.gov.au

Fair comparisons

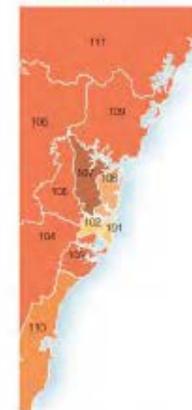


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups², based on remoteness and socioeconomic status. This allows:

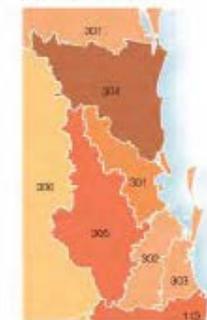
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.³

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

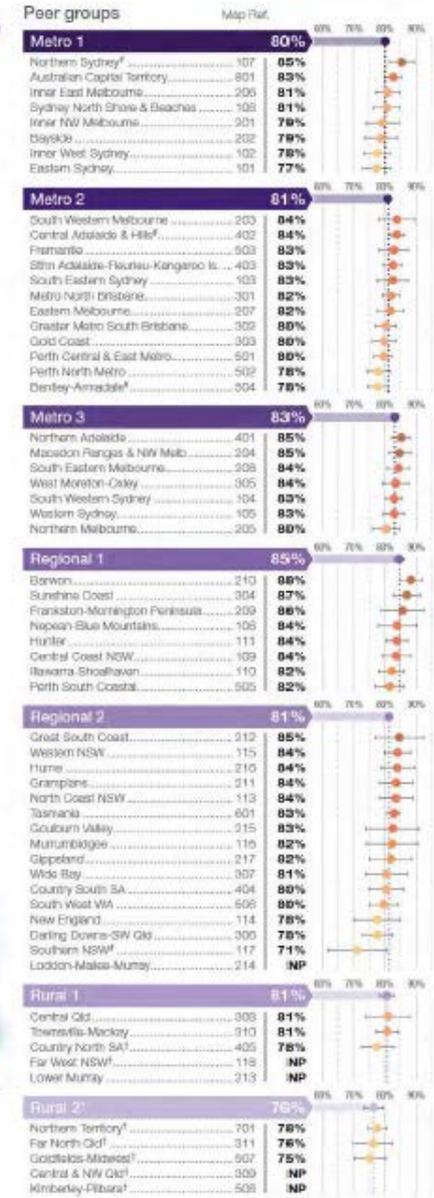
v. Greater Sydney



vi. Greater Brisbane



F Statistically different (at the 95% level) from the peer group percentage.
 T This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11.
 For more information see www.nhpa.gov.au
 95% confidence interval - not shown F < 5%
 NP Not available for publication.



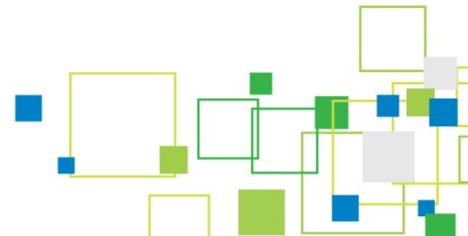
Our websites and launched today

www.myhealthycommunities.gov.au

www.nghpa.gov.au

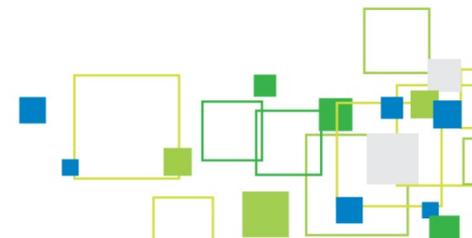
www.myhospitals.gov.au

www.myhealthycommunities.gov.au



Includes:

- Information on 61 Medicare locals
- 39 measures on the website
- 13 measures brand new information not previously available to the public –cost barriers to dentists and medical specialists, waiting times for specialists, GP bulk billing rates
- Easy access to information about local Medicare areas
- Allows easy comparison of that information with other similar areas



Hitting the headlines

Healthy Communities: Immunisation rates for children in 2011-12



Courier Mail, 11 April 2013



SMH, 11 April 2013



SMH, 13 April 2013

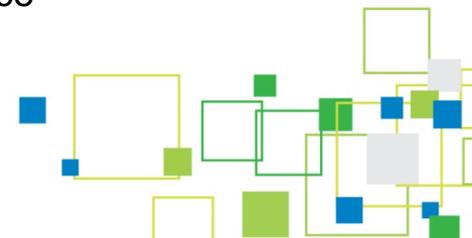
Five days after launch

- 567 total news stories
- 16.8 million total audience

28 days after launch

- 718 total news stories
- 23 million total audience

23 June 2013

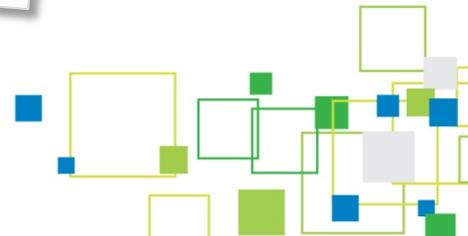


Impact

Campaign launched by Australia's biggest-selling newspaper



Sunday Telegraph, 5 May 2013



Impact

THE AGE

Vaccination

State has highest rates

Victoria has some of the highest childhood vaccination rates in Australia and NSW among the lowest, new data reveals.

A report from the Victorian Government on Thursday says one-year-old burn Valley, coast and north-western Victoria achieved the highest rates for measles, mumps and rubella (MMR) vaccination.

The Daily Telegraph

'Einstein parents' say no to kids' vaccination

SUE DUNLEVY & DANIELA ONGARO

ALMOST 80,000 Australian children are not immunised against deadly diseases, and the highest number live in Sydney's west.

Experts say the "baby Einstein" demographic — parents who take an intensive interest in their children's

in a National Health Performance Authority report.

The World Health Organisation says immunisation rates for measles must be above 93 per cent to prevent its spread. Immunisation expert Julie Leask says parents who perform extensive research and are often suspicious of medicine are more likely to object to vaccination.

rates in smaller areas shows the Richmond Valley on the north coast, home to the anti-immunisation Australian Vaccination Network, has the lowest immunisation rate in the country. Only 82 per cent of one-year-olds are fully immunised, falling to just 80 per cent for two-year-olds and 75 per cent of five-year-olds.

immunising her sons. Husband Darrell, however, is pro-vaccination and admits he is not entirely comfortable with the decision. "I don't know I totally agree with her but if Gen wasn't going into this armed with all the information that she obviously has, then I'd be with her."

Mr best of strong system victim. She every and

The West Australian

IMMUNISATION CONCERNS

10,000 WA kids at risk of diseases

By Rhianna King

A snapshot of immunisation rates in Australia has found more than 10,000 WA children are not fully immunised, leaving them exposed to contagious diseases such as whooping cough and measles.

The National Health Performance Authority analysis of 61 Medicare locals found those rates

were among the 77 with 0 per cent or higher immunity in 6 more age groups.

Across the State the average immunisation rate was 88.75 per cent across about 150,000 children.

Dr Paul Kitter from WA Health's Communicable Disease Control Unit said the department was targeting 95 per cent, the rate required to prevent a measles outbreak.

The Sydney Morning Herald

No vaccine, no school, insists doctors' chief

Jonathan Swan and Amy Corderoy



Dr Steve Hamblenton.

Unvaccinated children should be barred from attending school, says the Australian Medical Association's federal president, who also wants groups spreading anti-vaccination messages to be punished.

Steve Hamblenton said new figures for national immunisation rates had raised concerns about parents failing to follow vaccination advice.

ing those anti-vaccination messages and we need to make sure we stop them."

Health Minister Tanya Pflersberg, whose Sydney electorate covers some suburbs with worryingly low vaccination rates, discovered

diseases such as measles and whooping cough.

Rates in many indigenous communities were particularly worrying. In NSW, immunisation rates were at risky levels for children at ages one, two and five in the coastal areas of the Richmond Valley, including Byron Bay and Lennox Head.

Other at-risk areas, with immunisation rates at 88 per cent or below, most commonly among five-year-olds in the Sydney inner city.

The Sydney Morning Herald

Health Conspiracy websites worry experts

Lower vaccine rates put wealthy areas at risk of disease

By Amy Corderoy

Measles and some of Sydney's wealthiest areas have low immunisation rates experts fear children could be at risk from deadly but preventable diseases.

The prestigious northern and eastern suburbs, Manly and Newington are four of the nine NSW local areas listed by the National Health Performance Authority as being "at risk" of outbreaks because of low vaccination rates.

Experts say wealthy families are targeted by government tax breaks linked to immunisation, and they're ignoring their children's vaccine schedule because of their wealth or expensive housing.

There is also a worrying undercurrent of vaccine scepticism, which has prompted websites and Facebook pages to warn parents about the dangers of immunisation.

Dr Julie Leask, immunisation expert for children at one, two and five in the coastal areas of the Richmond Valley, including Byron Bay and Lennox Head, other at-risk areas with low immunisation rates at 82 per cent or below, most commonly among five-year-olds, include the Sydney inner city — stretching from Darlinghurst to the CBD — and the Richmond Valley, the north coast's Isis and Kempsey.

A deputy director of Control, for the north-western Sydney, and to ensure parents are aware of the risks of immunisation.

Dr Leask said the national average of 88 per cent, 86 per cent and 90 per cent.

levels of vaccine refusal were particularly worrying in the north coast. "But in other places, for example, in Sydney, there's much more affluence and [parents] tend to be more health conscious."

A fair proportion have travelled overseas and started vaccination but not finished it, he said.

An associate professor in the school of public health at the University of Sydney, Julie Leask, said parents should not assume that immunised children were safe.

"I think this is a warning to the community that we can't rely on immunisation alone to protect our children."

MERCURY

Stats a shot in the arm for our bubs

JENNIFER CRAWLEY

ONE-year-old five-month-olds not receiving three immunisations are fully immunised at over 90 per cent of two-year-olds and 95 per cent of five-year-olds.

Public and Environmental Health service medical officer for the South Coast, Dr

out of five-year-olds. No areas in the state fell within the 92 areas nationally where rates of immunisation were at or below 80 per cent, leaving children at risk of disease such as measles and whooping cough.

Dr Leask said his message was to encourage parents to get their children vaccinated.

"It's a question, but it only has a one answer. Yes."

Herald Sun

Better-off kids miss out on jabs

See Dunlevy

WEALTHIER and more educated parents "who should know better" are risking the health of their children and others by refusing to vaccinate them.

A rare report shows Victoria boasts the nation's best immunisation record. But there are still pockets, some in wealthy inner-city areas, where children are exposed.

The greater south coast, which includes Port Fairy, Warrambold, Southern Cross and Campbelloe, has Australia's highest immunisation rate.

your child's immunisation is up to date." Ms Leask said. Australian Medical Association president Dr Steve Hamblenton said parents in many low-vaccination areas would be wealthier and better educated and "should know better."

"We would encourage them to rethink and look at the evidence that this is a cost-effective way to protect their child," he said.

He said the removal next month of a \$1000 government incentive payment for doctors who fully immunised children by three

Daily Telegraph
16
PROTECT OUR CHILDREN
It's a deadly loophole

How do you get your child vaccinated? It's a deadly loophole. With 10 million children in Australia, it's a deadly loophole. It's a deadly loophole. It's a deadly loophole.

The Sydney Morning Herald

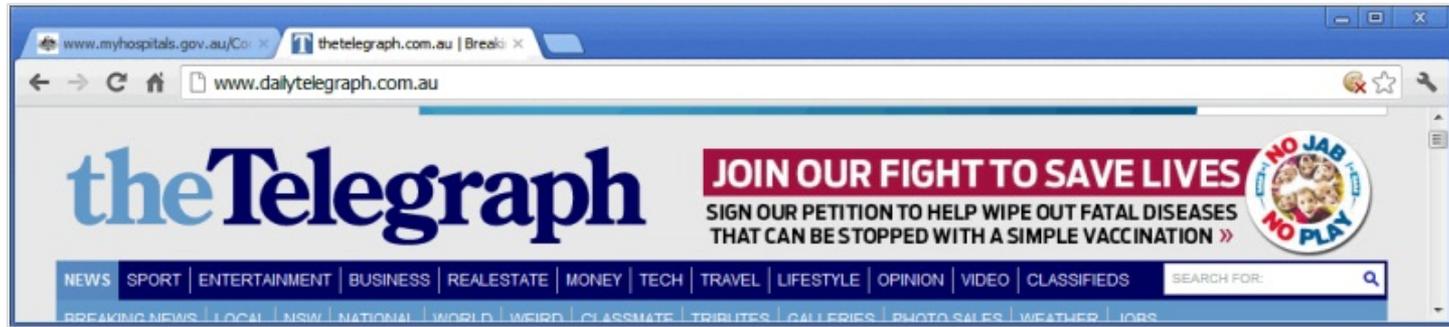
Key to higher vaccination rates is in the way the message is sold

How do you get your child vaccinated? It's a deadly loophole. With 10 million children in Australia, it's a deadly loophole. It's a deadly loophole. It's a deadly loophole.



Impact

Sunday & Daily Telegraph (NSW) launches the 'No Jab No Play' campaign



- Banner published on home page on 5 May 2013
- **The Sunday Telegraph** is Australia's biggest selling paper with an audited circulation of 600,000
- **The Daily Telegraph** is Australia's second biggest selling daily paper with an audited circulation of 330,000

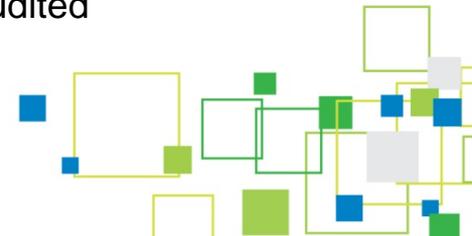


Media

NSW's Telegraph initiates the 'No Jab No Play' campaign, 5 May 2013



- Readers urged to sign the Telegraph's vaccination petition
- **The Daily Telegraph** is Australia's second biggest selling daily paper with an audited circulation of 330,000
- **The Sunday Telegraph** is Australia's biggest selling paper with an audited circulation of 600,000



Coverage compared

Hospital Performance: Time patients spent in emergency departments in 2011–12

- Report released 14 December 2012
- 172 items published in 5 days following release reaching a total audience of 7.3 million

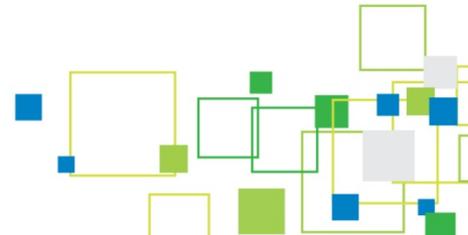
Healthy Communities: Australians' experiences with primary health care in 2010–2011

- Report released 7 March 2013
- 120 items published in 5 days following release reaching a total audience of 2.4 million
- 151 items published in the 30 days following release reaching a total audience of 3.3 million

Healthy Communities: Immunisation rates for children in 2011–2012

- Report released 11 April 2013
- 567 items published in 5 days following release reaching a total audience of 16.8 million
- 718 items published in the 28 days following release reaching a total audience of 23 million

Source: Mediaportal data analysis conducted by National Health Performance Authority

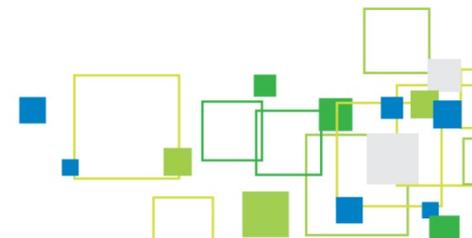


What works to accelerate improvements in care?	What doesn't?
Locally relevant information about health care organisations	National or state level information
Comparable performance information in relation to peers and after accounting for differences between organisations in patients	Just numbers, no comparisons, no accounting for different types of patients served
Nationally consistent – lots of comparisons	Not comparable information, too few comparisons
Impartial	Reporting on oneself
Engagement: Review the data to benchmark with your peer groups. Be open to learning from colleagues on how to achieve best performance, and be generous in sharing your innovations with the system. Implement a process of continuous quality improvement	Ignoring the data or blaming data quality



Quality: Safety, Effectiveness, Co-ordination, Responsiveness

The government has a duty to safeguard the public interest of good-quality health care and the tools to do so. ... The legislator puts health care providers/professionals under a number of obligations. They must provide appropriate care, i.e. organise their work, provide personnel and equipment, and allocate responsibilities, such that it does or should lead to appropriate care. They should systematically monitor, control and improve quality of care. And, they should account for their actions in this respect.





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