20 June 2019

Clinical and Patient Outcomes Team
Australian Government Department of Health
On behalf of the Australian Health Ministers' Advisory Council

Submitted via the Consultation Hub

To whom it may concern

Re: Submission in response to the Draft National Clinical Quality Registry Strategy Consultation

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide a submission in response to the *Draft National Clinical Quality Registry Strategy Consultation*.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reform the healthcare system over the next 10 years by enabling outcomes-focused and value-based healthcare. This requires:

1. A nationally unified and regionally controlled health system that puts patients at the centre;
2. Performance information and reporting that is fit for purpose;
3. A health workforce that exists to serve and meet population health needs;
4. Funding that is sustainable and appropriate to support a high quality health system.

AHHA's *Healthy people, healthy systems* is a blueprint with a series of short, medium and long-term actions to achieve this goal. It is also available online at www.ahha.asn.au/Blueprint.

Within this context, clinical quality registries (CQRs) are recognised as an effective mechanism for capturing and reporting process and outcomes data for specific clinical conditions or treatments, enabling comparisons and identifying unwarranted variation such that actions can be taken to improve outcomes and value.

AHHA submits the following comments on the *Draft National Clinical Quality Registry Strategy Consultation*.

National Principles

AHHA supports the National Principles that will underpin the Strategy's implementation as comprehensive and complete.

In Principle 4, reference is made to the 2013 National Health Information Agreement. It should be noted, however, that signatories to the agreement are within the public sector only, while the success of CQRs will be dependent on collecting and analysing data that span both the public and private sectors. Further, many CQRs are privately-controlled, with data often collected from publicly-funded patient interactions.

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While the principles acknowledge that CQRs contribute 'across all health settings', explicit reference to contribution from the public and private sectors must be made. Common governance arrangements are necessary, which may be achieved through the proposed standard and accreditation scheme.

Strategic objectives

AHHA supports the Strategic Objectives identified as necessary to achieving the Strategy's vision.

However, AHHA is concerned that the actions for achieving those objectives do not adequately recognise the primary health care environment and the integration of team-based care required outside the hospital environment.

The principles that underpin the Strategy's implementation identify that CQRs contribute 'across all health settings', and this is strongly supported. For most patient groups or population segments, and particularly in the management of chronic conditions, the frame of reference for monitoring quality of care, patient outcomes and value will extend beyond a single health care provider and will involve primary health care providers.

However, there are different enablers and barriers for the primary care sector to participate in CQRs compared with the experience through the hospital sector. Partnerships between clinicians and patients must be pursued with recognition of these differences. The Strategy must explicitly progress activity in the primary healthcare environment and with multidisciplinary teams that practise independently outside the hospital environment, in order for improvements in care, patient outcomes and value to be realised.

This should also be reflected in the governance arrangements for National CQRs, with cross-sector, multidisciplinary team-based, patient-centred care reflected in governance.

Strategic objective 1. National CQRs are based on clinician/patient partnerships

AHHA supports the actions that have been identified for achieving this strategic objective. However, as noted earlier, there is a lack of acknowledgement of the primary care environment outside the hospital environment across all actions.

In facilitating the development of CQR patient reported outcome measures (PROMs) and patient reported experience measures (PREMs), AHHA recommends participation in the development and adoption of validated, standardised, internationally-comparable indicators, such as the International Consortium for Health Outcomes Measurement (ICHOM) Standard Sets. Participation in international programs such as the Organisation for Economic Cooperation and Development (OECD) Patient-Reported Indicators Survey (PaRIS) should also be prioritised.

In facilitating greater clinician interaction with CQRs, AHHA recommends that the Commonwealth take responsibility for enabling and incentivising participation in CQRs by health services provided outside the state and territory managed hospital and health services, in particular in general practice, pharmacy, private allied health and specialist practice. Policy levers for care provided in private hospitals and practices and funded through private health insurance should also be utilised. The draft Strategy needs to identify the Commonwealth's responsibility and actions required. This may include requirements for providers to contribute data to approved registries and investment in infrastructure to support data collection, for example, as a condition of access to government funding, subsidies, rebates and incentive payments.

In facilitating greater patient interaction with CQRs, AHHA recommends the development of a communication strategy for patients so that they can understand the purpose and value of CQRs, data security and privacy issues, and confidentiality. This may build on the work being done around the secondary use of My Health Record data, or should at least be consistent.

Strategic objective 2. National CQRS are quality assured, efficient and cost effective

AHHA supports the actions that have been identified for achieving this strategic objective. An accreditation scheme is strongly supported, as is a single point for ethics approval. However, as noted earlier, there is a lack of acknowledgement of the primary care environment outside the hospital environment across all actions.

Strategic objective 3. The potential value of national CQR data is maximised

AHHA supports tailored CQR information for different stakeholders being accessible and in a timely manner.

For patients/consumers to effectively use information from a CQR, they also require appropriate health literacy. Beyond having access to relevant authoritative health information, the individual must have the capacity to understand and act appropriately with this information, and this will be different for different people and in different circumstances. The high degree of information asymmetry between consumers and healthcare providers places significant emphasis on the principal-agent relationship between the patient and care provider, and may influence the interpretation and emphasis of information presented about the care they provide in the registry.

AHHA supports transparency in quality and safety data. However, careful policy design around reforms will be necessary to ensure that the potential for unintended consequences are considered. AHHA acknowledges the findings from the literature review and environment scan on Public Reporting of safety and quality in public and private hospitals, published in March 2019 by the Safety and Quality Commission in progressing these considerations.

Strategic objective 4. National, prioritised CQRs are sustainably funded

AHHA acknowledges the work done to date to underpin the development of a prioritised list of clinical domains for clinical quality registry development.

AHHA supports the prioritisation criteria that have been developed as an important and useful starting point, particularly in the initial phases of the Strategy. However, the weighting applied to a number of the criteria should be reviewed as, if value in developing a CQR for a particular condition, procedure or device is identified, barriers should be overcome or actively addressed, rather than not pursuing development of the CQR. These include exclusions in the criteria where:

- Clinician support for the CQR is not identified
- Data sources to support the CQR are not adequate.

Overall, we appreciate the considered attention the Australian Government Department of Health, on behalf of the Australian Health Ministers' Advisory Council, has given in the development of this draft strategy, and its willingness to seek input from a broad community of stakeholders. I would be pleased to meet with you to further discuss AHHA views.

Sincerely,

Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association