

# After Publication

## SECOND G-I-N CONFERENCE EVIDENCE IN ACTION

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2 NOVEMBER 2004



# NZ's Triple Health System

- **Public Health Care**
  - Tax funded
  - Medical, Obstetric, psychiatric
  - All acute inpatient care
  - All ED care
- **Accident Compensation**
  - Social Insurance
  - All injury related care
    - Subcontracts to Health for acute inpatient care
- **Private Health Care**
  - Voluntary subscription
  - 35% of population
  - Elective Surgery (limited primary care)

# Accident Compensation



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- Covers all injuries to all people resident in New Zealand
  - Home, work, vehicles, sport,
  - Medical misadventure
- 24 hour, no fault system
- Precludes litigation
- Levy funded
- Entitlement based
- Prevention, treatment, rehabilitation, compensation
- Care for life



# ACC's Purchasing Directive

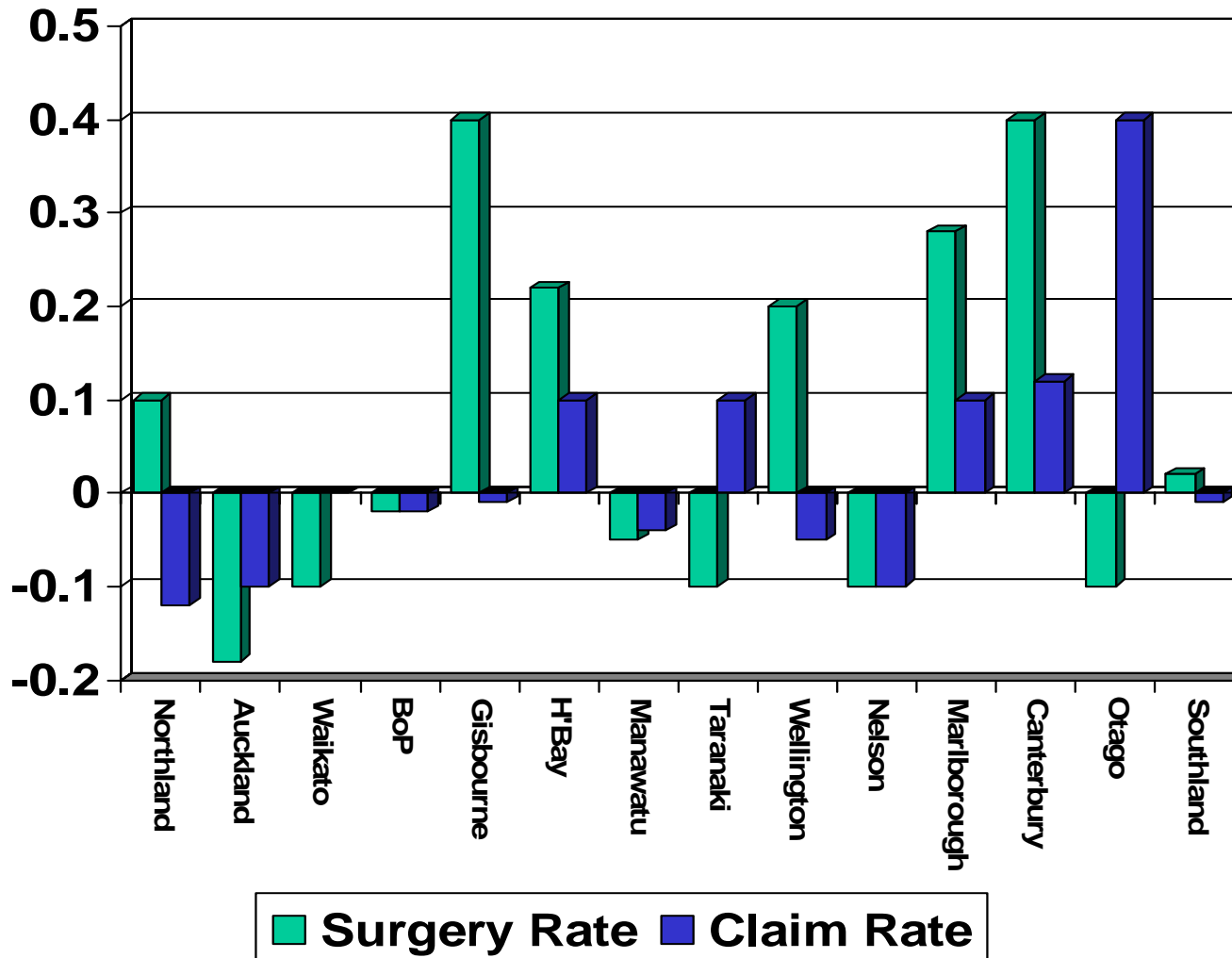
## Treatment must be:

- necessary and appropriate
- of an appropriate quality for the purpose
- only given the number of times needed
- given at a time appropriate for the purpose
- a type normally provided by a treatment provider.

We must seek best practice

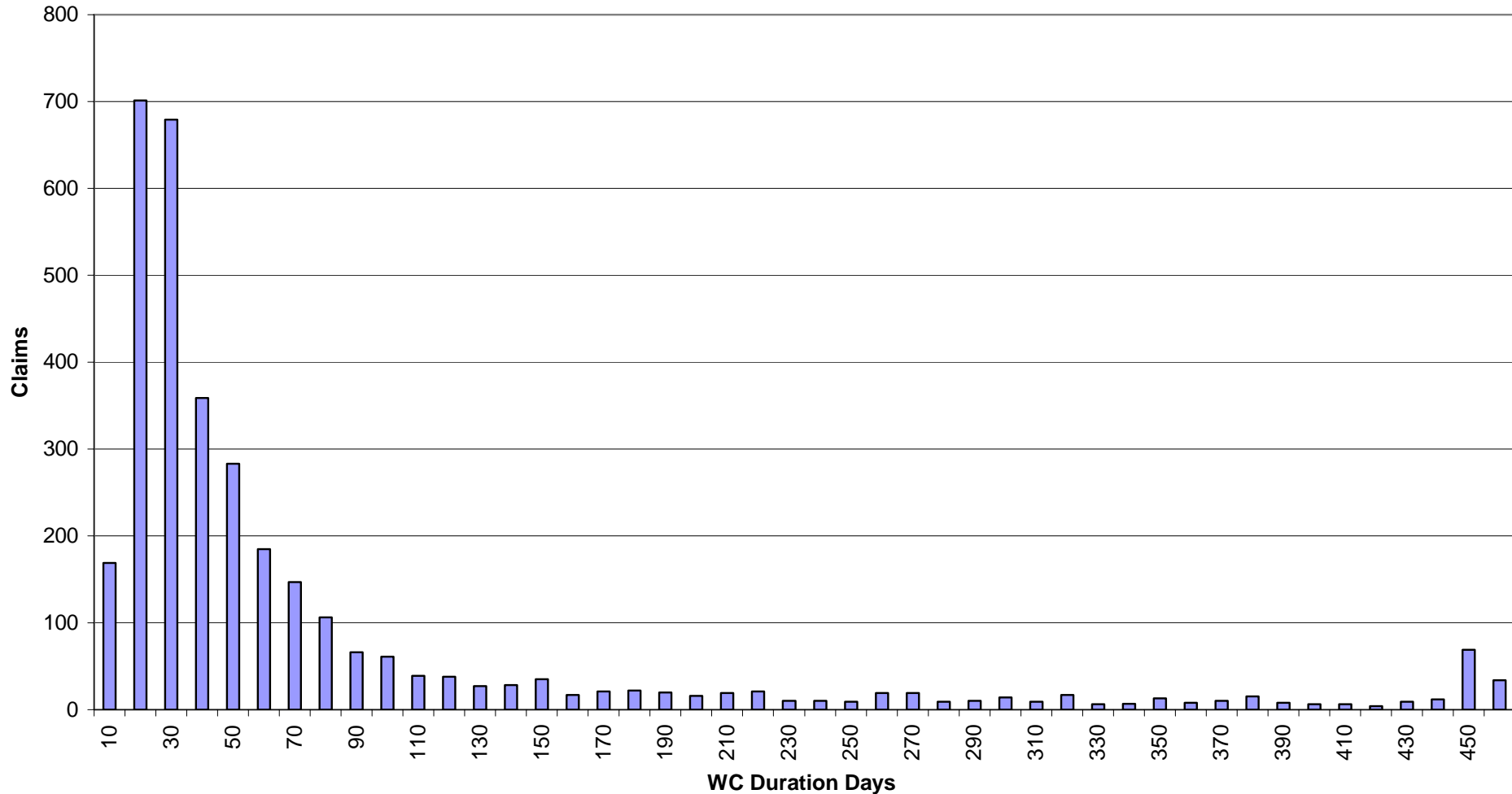
# Elective Surgery - Knee

## Intervention per 100,000 population



# GOP08 – RTW duration

**Distribution of WC durations after surgery for claims received WC after surgery, 3,393 single surgery procedure GOP08, tracking 452 days.**



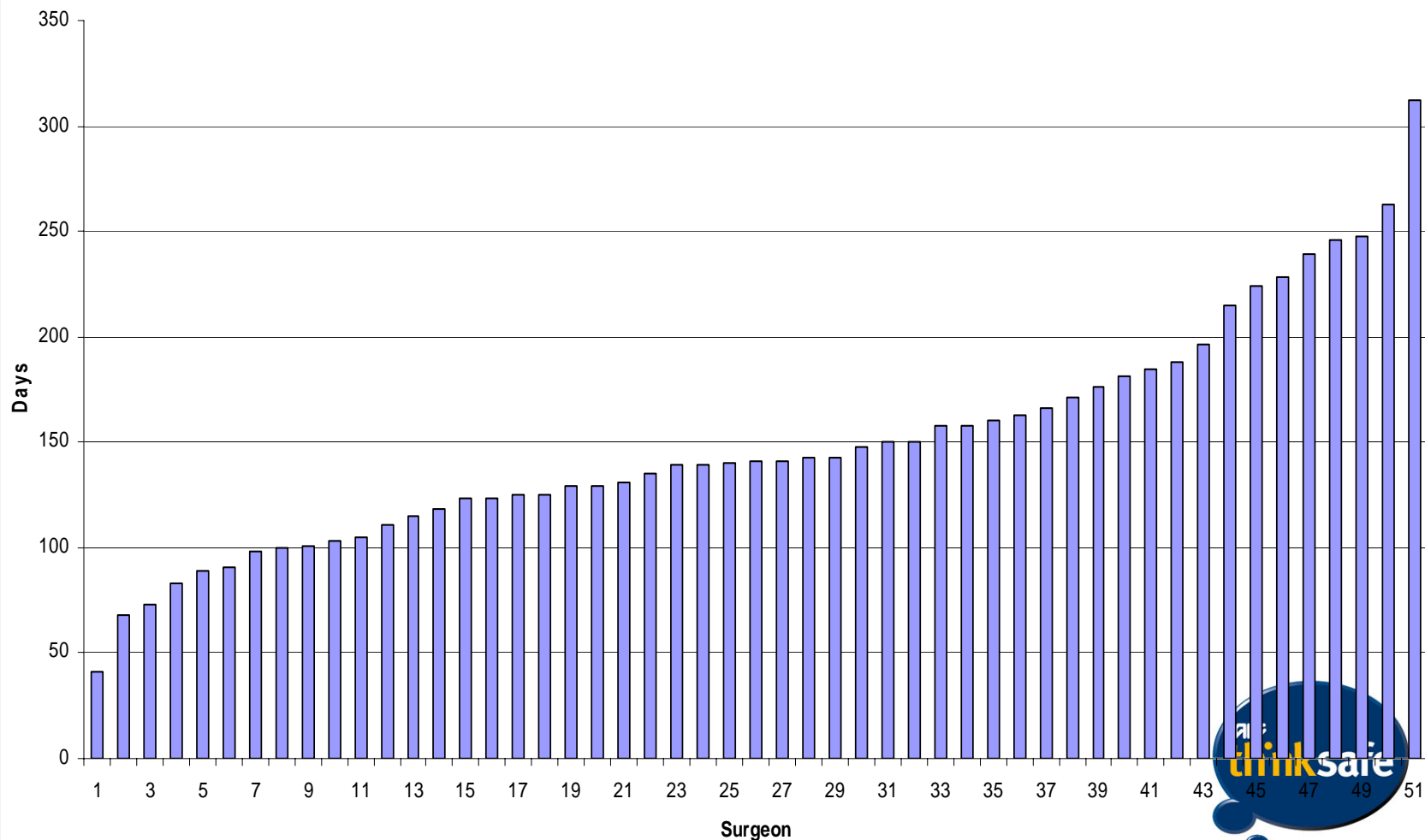
# Variation by Surgeon (Avg, > 10 Discectomies)



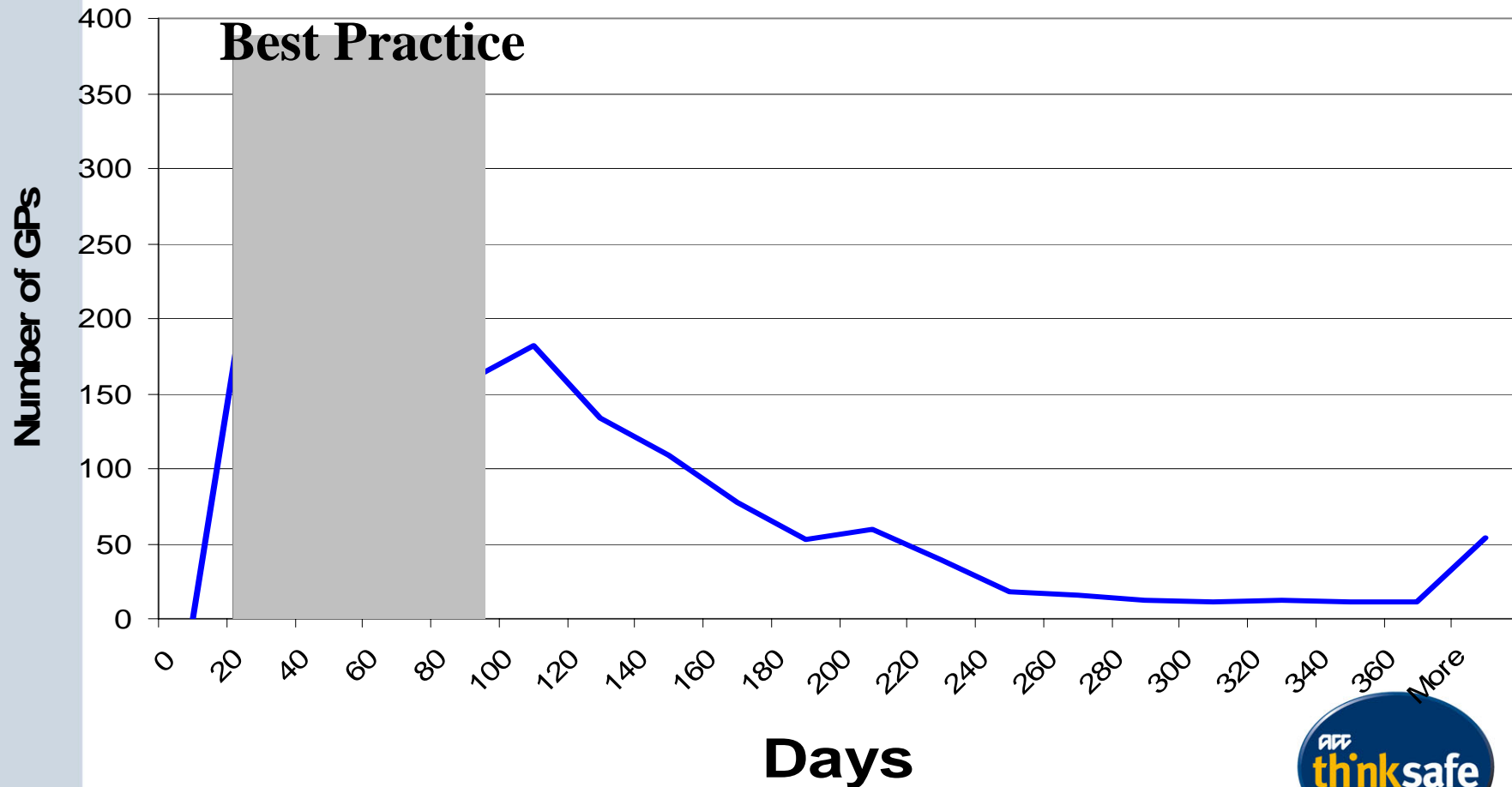
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ToW after SPN05 by Surgeon



# Acute Low Back Strain - Average Time Off Work



# Time Off Work

## By Territorial Local Authority



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<b>Lowest 10 Territorial Authorities</b>	<b>Days per claim</b>	<b>Highest 10 Territorial Authorities</b>	<b>Days per claim</b>
Waitomo District	29	South Wairarapa District	84
Ashburton District	36	Lower Hutt City	75
Queenstown Lakes District	37	Carterton District	72
Gore District	37	Palmerston North City	71
McKenzie District	39	Upper Hutt City	69
Waitaki District	39	Horowhenua District	68
Waimate District	39	Wellington City	64
Central Otago District	40	Porirua City	62
Chatham Island Country	40	Manawatu District	60
Kaipara District	41	Waikato District	59



There is virtually no limit to the amount of healthcare that a person is capable of absorbing.

J Enoch Powell – UK Minister of Health

# Working Assumptions

- Providers try to do their best
- But:
  - Work in isolation
  - Limited time to learn
  - Focus on income
  - Morale is low (particularly GP)
  - Variable quality of information

# ACC Guidelines



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- Purchasing Guidelines
  - Low energy laser treatment
  - Tramadol
  - Bowen therapy
  - Various “Back” machines
  - etc
- EBH reviews
  - Implantable spinal stimulators
  - Hyperbaric Oxygen Therapy
- Guidelines
  - Acute Low Back Pain
  - Ankle
  - Knee
  - Shoulder



# Issues with Guidelines

- **Expensive**
  - Around \$250,000 each
  - May create “proprietary” ownership
- **Duplication of effort**
  - International work on the same topic
- **Gaining cross agency adoption**
- **Variance in opinion**
- **No national standard format**
- **No single source or site**
- **Limited pool of experts**

# Problems with Guidelines

- Dislocation between book and practice
  - Too many books
  - Not “just in time”
  - Need for personalised benchmarking
- Guidelines and Indicators
  - Guidelines indicate best practice
  - Indicators track clinical compliance

# Making Guidelines Work

- Publication
- Distribution
- CME sessions with experts
- Case Studies
- Individual Profiles
- Peer comparators
- Mentoring outliers
- Patient Guides
- Track trends
- Rewards for behaviour change

- Short Form
  - Algorithm
  - Key points
  - Sent to all providers
- Long Version – on request
  - Development process
  - Contributors
  - Levels of Evidence
  - Discussion
  - Available on request and internet

# CME Sessions

- Gaining Priority
- Experts
  - Fees, travel,
  - Keeping them to the evidence
  - Balancing theory & practice
- Combining provider groups
  - GPs and physiotherapists?
- Reaching the remote and uninterested
- Video production

# Case Studies

- Clinical scenario
  - Questions on intention to treat
  - Response by experts
  - Results reported back
- Knees (April 04)
  - 876 responses (30% of all GPs)
- Backs (August 04)
  - GP, Physio, Chiro.
- Shoulders (October 04)
  - GP, Physio

# Profiling Providers



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- Collect data
  - Transactions
  - Outcomes
- Format information
- Distribute information
  - Mailed out quarterly
- Investigate outliers
  - Request medical records
  - Second opinion
- Report back to providers
- Reward effective providers
- Hound fraudulent providers



# Mentoring

- Finding Mentors
- Agreement to be mentored
- Time for both parties
- Frequency
- Duration
- Reimbursement

# Patient Guides

- Caring for ...
  - Simple tear-off guides for patients
  - Casts (2), sutures
  - TBI
  - Back, Knee, Ankle, Shoulder
- Opportunity for branding
- Set claimant expectations
- Distribution points
  - GP, A&E clinics
  - On claim registration

# Ideal Guidelines

- **Publication Informs**
  - Practitioner, patient, funder, employer
- **Always available for reference**
  - Easy access, quick reference
- **Well defined clinical indicators**
- **Rules integrated into practice**
  - Everyone accepts rules in practice
- **Only visible when rules breached**
  - Seek further clarification
  - Never barrier to good medicine

# Future Enhancements



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- Integration into PMS systems
  - Always available
- Exception trapping
  - Seek additional information when guideline is breached
  - Probably web service with rules engine
- Web based case studies
  - Moderated, monthly, archived
- Single (NZ) reference site
  - Standard format



# New Zealand days off work after accident, over time



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