

Objectives To work collaboratively with senior researchers to develop compelling cases for actions that could be taken to address the most significant gaps between research evidence and health policy/practice in Australia.

Methods Faculty members will search literature, consult with stakeholder networks and debate issues in developing a paper of published evidence, recommending actions to address each prioritised gap and providing the rationale for prioritisation. Steering Groups will oversee the development of each Case for Action.

Results This presentation will share the experiences and lessons learnt to-date in developing Cases for Action.

Discussion There is a gap between what we know and what we do. Cases for Action will draw on the combined expertise of researchers to systematically consider and prioritise actions to best address these gaps. Possible actions that could be proposed include advice to government about health policy, clinical or public health guidelines, or opportunities to collaborate with strategic partners to leverage investment in health or to provide support in the implementation of health strategies.

Implications for Guideline Developers/Users The lessons learnt from the Cases for Action process will benefit attendees who are considering how to focus their effort to ensure that healthcare policy and practice best reflects available evidence.

014 CAN HEALTH CARE NETWORKS DEVELOP AUTONOMY OVER DEVELOPMENT AND IMPLEMENTATION OF GUIDANCE WITHIN AN ENVIRONMENT SHAPED BY ACCREDITATION STANDARDS?

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Background Standards for clinical practice enacted by external accreditation organisations can limit the ability of health care organisations to develop and implement evidence-based guidance to improve clinical practice and health system efficiency, and reduce unnecessary testing.

Context As part of a system-wide effort to improve patient quality and access, medical specialists in a large group practice sought to determine whether standard bilateral venous duplex ultrasound (VDUS) scans were medically necessary in patients with unilateral signs and symptoms of deep vein thrombosis (DVT). Typically these patients receive bilateral exams; however, the high number of negative test results in non-symptomatic legs suggested bilateral testing may not be necessary.

Description of Best Practice An evidence review was conducted to evaluate whether unilateral VDUS scanning accurately identifies patients who can safely undergo unilateral VDUS exams in the symptomatic limb without missing a DVT in the unscanned, asymptomatic limb. The evidence review concluded that the number of undetected DVTs in the unscreened asymptomatic limb was very low, suggesting that unilateral VDUS screening in lower-risk patients (i.e., outpatients and patients without malignancy) could be safely performed. Accreditation standards, however, require bilateral screening in all patients, regardless of DVT risk status.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Accreditation standards can hinder practice change and limit research for more effective and efficient practices. Some accrediting organisations accept feedback and adjust

standards as new data emerges. Providing evidence-based information to these organisations may initiate changes in standards.

015 TRACKING THE IMPACT OF THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY'S (AHRQ) EFFECTIVE HEALTH CARE PROGRAM THROUGH UPTAKE BY CLINICAL PRACTICE GUIDELINE AND QUALITY MEASURE DEVELOPERS

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Background Public and private funders evaluate health care investments in terms of outcomes and accountability. Citation analysis can approximate the dissemination and impact of funded research outputs.

Objectives Use references in guidelines and measures represented in the National Guideline Clearinghouse (NGC) and National Quality Measures Clearinghouse (NQMC) to track the uptake of AHRQ Effective Health Care (EHC) programme outputs.

Methods 442 EHC-related titles were searched against the full-text corpus of the Clearinghouses. Documents that cited the titles were examined for the context of the citations. References were considered strong when tied to a specific metric or recommendation or noted as important to the guideline's methodology; moderate if discussed in the body of the citing document; and weak if they appeared only in the reference list.

Results 174 individual guidelines and measures cited EHC-related titles (n=341). 50% of the guideline references were strong, 28% moderate and the remainder weak or undetermined (22%). All measure references were strong.

Discussion This analysis has been done annually since 2010 with the numbers of detected citations increasing each year. The method used not only assesses whether a work was referenced in a guideline or measure, but its relative importance to the guideline or measure providing evidence of impact of the EHC programme.

Implications Systematic reviews and other research published through the EHC programme are being used to develop guidelines and measures that meet inclusion criteria for NGC and NQMC. EHC reports may be downloaded and topics nominated at www.effectivehealthcare.ahrq.gov

016 RETIREMENT OF PERFORMANCE MEASURES IN A NATIONAL PAY FOR PERFORMANCE (P4P) SCHEME

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Background P4P schemes, providing financial incentives across a range of improvement indicators, are widely used and can improve health outcomes. These systems can work at different levels, including at the national level. It is important that performance measures (PMs) used in such systems have a robust and up-to-date evidence base to support continued use and they remain fit for purpose; this involves selecting PMs for 'retirement'.

Objectives To: i) describe methods used in selecting PMs for retirement, ii) present alternative methods for selecting PMs for retirement.