Abstracts

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 will benefit attendees who are considering how to focus their effort to ensure that healthcare policy and practice best reflects available evidence.

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 unscanned 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.

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.