Introduction of new health technologies and clinical practices

Implementation of a policy for transparent, accountable, evidence-based decision-making

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Centre for Clinical Effectiveness and Southern Health Technology/Clinical Practice Committee

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Southern Health

• Largest health service in Victoria, Australia
• Primary, secondary, tertiary, quaternary services
• Integrated health service (>40 sites, 13,000 staff)
  • Acute hospitals (1 tertiary referral centre, 4 general)
  • Subacute and rehabilitation services
• Mental health services
• Community health services
• Residential aged care services
Centre for Clinical Effectiveness

To enable and support health professionals, managers and policy makers to use the best available evidence to improve healthcare decision-making

• Evidence synthesis
• Evidence-based implementation of change
• Evaluation

• Development of organisational infrastructure to support, drive and mandate evidence-based decision-making
Background

• First New Clinical Procedures Committee in Victoria (2000)

• Opportunities for improvement (2007)
  - Project to establish a transparent, accountable and evidence-based framework for introduction of new health technologies and clinical practices (TCPs)
  - Centre for Clinical Effectiveness
Methods

- Evidence-based change process
Evidence-based clinical practice

Clinical expertise

Individual patient

Best available evidence
Evidence-based change process

A. Apply the principles of evidence-based decision-making
   - Seek evidence (research literature, other publications, public health data, local information, etc)
   - Consult those with expertise and local knowledge (clinicians, managers, administrators, etc)
   - Consult those affected by the change (patients, communities, other health providers, etc)

   **Step 1**
   Identify need for change

   **Step 2**
   Develop proposal for change

   **Step 3**
   Implement change

   **Step 4**
   Evaluate extent and results of change

B. Address systems issues
   - Ensure sustainability through structure, skills, resources, leadership and commitment
   - Avoid duplication and integrate with existing systems
Methods

Consultation

• Who: Decision-makers and previous applicants
• How: Personal and group discussions, invitations to provide input via email, feedback forms at the end of all documents
Methods

• Steps 1 and 2
  – Best Practice Map
  – Program Logic Model

• Steps 3 and 4
  – Implementation and Evaluation plans
Methods

• Pilot during Victorian Dept of Health funding round
Components

• Governance
• Applications
• Decision-making
• Monitoring, Reporting and Review
• Resources
• Administration
• Evaluation and Quality Improvement
Decision-making

• Criteria
  – Safety
  – Effectiveness (quality of evidence, consistency and clinical importance of benefits, applicability to Southern Health)
  – *(Cost effectiveness)*
  – Cost and affordability
  – Clinical feasibility (capacity, capability, credentialing)
  – Access and equity, legal and ethical issues
Decision-making

• Other requirements
  – Conflict of interest (applicant and decision makers)
  – Patient information (implemented as ‘new practice’)

• Publication of Decision Summaries
Technology/Clinical Practice Committee

The function of the committee is to ensure that new technologies and clinical practices at Southern Health are introduced within a rigorous and evidence-based framework.

- What is a new technology or clinical practice?
- What is the purpose of the Technology/Clinical Practice Committee and how does it operate?
- When is an application to the Technology/Clinical Practice Committee required?
- What is the application process at Southern Health?
- What resources are available to help with technical aspects of the application process?
- How are decisions made?
- What applications have been made for the introduction of new technologies and clinical practices?
- What applications have been made for the change of use to technologies and clinical practices in current practice?
- How are new technologies and clinical practices monitored?
- How does a new procedure become standard practice?
- What quality assurance processes are in place?
- Who can provide further information?
Outcomes Phase 1

• Two years of evaluation data
• Program met the objectives
  • Transparent
  • Accountable
  • Evidence-based
• Exceeded the elements in the best practice map
• Evaluation reports published on website
Technology/Clinical Practice Program

Australian Council of Healthcare Standards
National Quality Improvement Award 2009
Non-clinical service delivery
Phase 2: Problem

- Applicants
  - Lack of time
  - Lack of knowledge and skills
- Information
  - Incomplete and/or incorrect
  - Comparisons not ‘head to head’
  - Not objective
- Results
  - Omissions
  - Overestimates of outcomes
  - Underestimates of costs
Phase 2: Potential solution

- Best practice map
- International models using independent experts
  - Improve decisions
  - Considerable cost saving
- Reduce workload for applicants
New process

• Applicant submits ‘Expression of Interest’
• If application considered promising by TCPC
  ➢ TCPC commissions Evidence Review (CCE)
• If evidence considered sufficient by TCPC
  ➢ TCPC commissions Business Case (data and costing experts)
• TCPC makes recommendations to management
• Decisions published
Technology/Clinical Practice Program

• Implementing EBP through organisational infrastructure
• Ensuring safe and effective care
  – Some practices not approved
  – Some approved practices withdrawn or amended during monitoring or 2 year review process
  – Some unauthorised practices still slipping through
• Extending process to purchase of clinical consumables
Technology/Clinical Practice Program

• Leadership and innovation
  • Many health services still to address
  • Requests to use resources, program replicated
• Successfully implemented sustainable model
  • Structure, skills, resources, leadership, commitment
• Work in progress
• Further opportunities for improvement
Thank you

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