

Evidence-Practice Gaps

National Institute of Clinical Studies, Australia

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National Institute of Clinical Studies

Role:

To improve health care by helping
close important gaps between
best available evidence and
current clinical practice



The National Institute of Clinical Studies

What we do:

- Help close important evidence-practice gaps in selected areas
- Develop guides & resources that can be used to plan & undertake practice change
- Provide training in ways to improve use of evidence in clinical practice



What are evidence-practice gaps?

The difference between what is known from best available research & what actually happens in day to day practice

Not unique to health care, nor to Australia

Knowing-doing gaps constitute an internationally-recognised dilemma



Internationally...

- 30 – 40% of people don't receive best care
- 20% of care provided is not needed or potentially harmful



The National Institute of Clinical Studies

What are the important evidence practice gaps in Australia?



Evidence-Practice Gaps Reports Volume I & II





Evidence-Practice

gaps

REPORT

Volume 2

NATIONAL INSTITUTE OF CLINICAL STUDIES
Australia 2005



Evidence-Practice Gaps

- 23 gaps published to date
 - different care settings
 - variety of topics
 - prevention to follow-up
 - underuse & overuse



Gaps Topics

Lung cancer stroke diabetes
antibiotics for the common cold &
bronchitis colorectal cancer cancer
pain periconceptual use of folic acid
supplements breastfeeding SIDS
asthma panic disorder & agoraphobia
influenza vaccination kidney
disease blood pressure stroke
osteoporosis



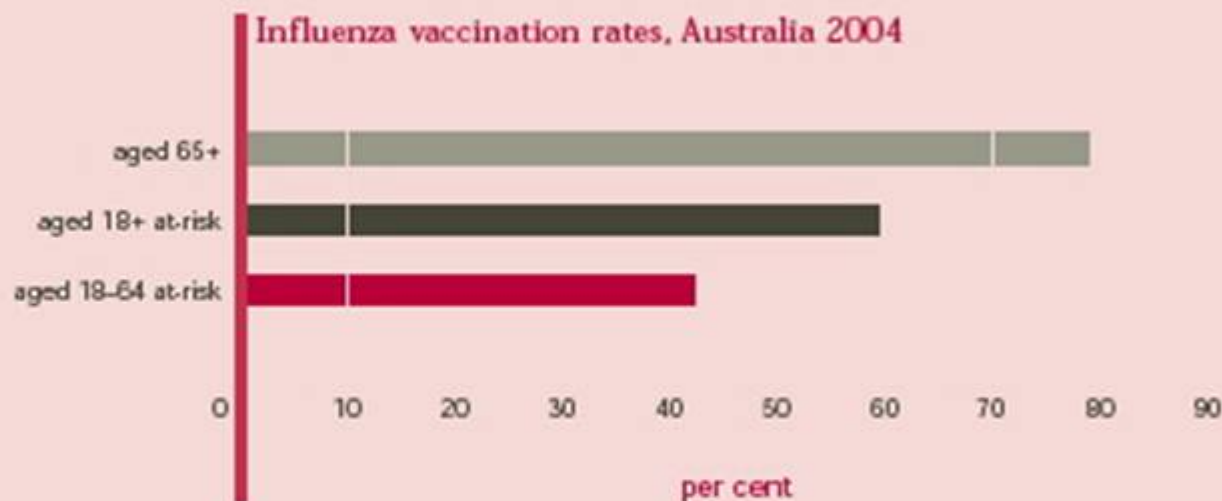
Evidence-Practice Gaps Reports

- 23 gaps published to date
 - Why is the topic important
 - Best available evidence
 - Current clinical practice*
 - Implications

* limited by available data



Annual influenza vaccination has been shown to reduce illness, hospitalisation and death.



Source: Australian Institute of Health and Welfare (2005), Adult Vaccination Survey 2004



influenza in at-risk

Vaccinating against influenza in at-risk groups

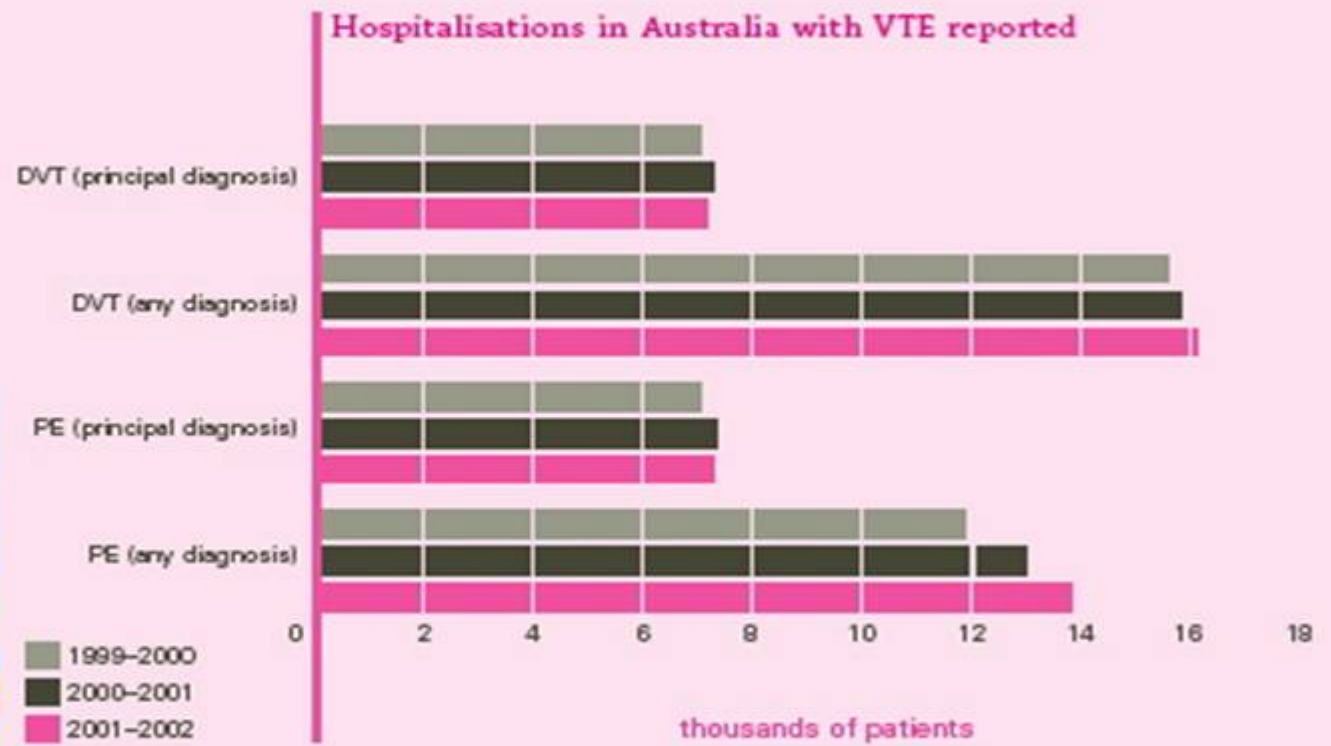
Some heart failure morbidity and mortality could be prevented through the more widespread use of ACE inhibitor and beta-blocker therapies.



Using ACE inhibitor and beta-blocker
therapies in heart failure

ACE inhibitor

The prevention of venous thromboembolism in hospitals has been identified internationally as a stand-out opportunity to improve patient safety.

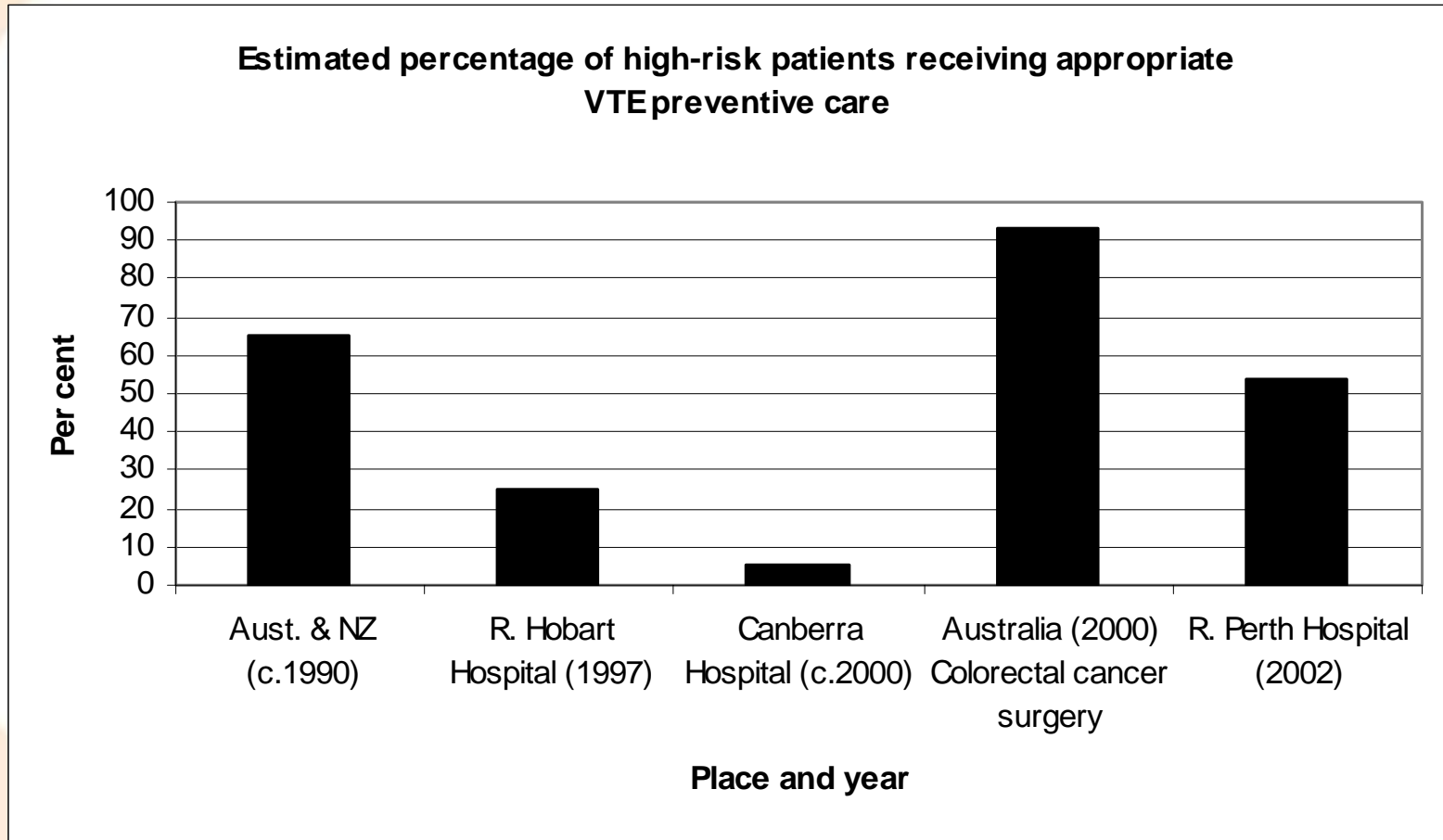


DVT: ICD-10-AM code I80.2; PE: ICD-10-AM codes I26.0 and I26.9

Source: Australian Institute of Health & Welfare (S. Halpin, pers. comm., 29 Jul 2003)

venous thromboembolism
Preventing venous thromboembolism in hospitalised patients

Under use/suboptimal use VTE prophylaxis



Evidence-Practice Gaps Reports

- Data sources on current practice
 - published one-off audits/research 18
 - AIHW/ABS data 4
 - data registry 1





NICS is working on closing
gaps in...



Some Clinical Priority Areas

- Heart Failure
- VTE prevention
- Pain Management
- Diabetes
- Influenza vaccination



And advocates for or supports work in other gaps...

- Emergency care gaps
- Smoking cessation in pregnancy
- Haemodialysis access
- Anticoagulants in AF
- Osteoporosis fractures
- Cancer pain



Closing Evidence-Practice Gaps

Methods to change practice

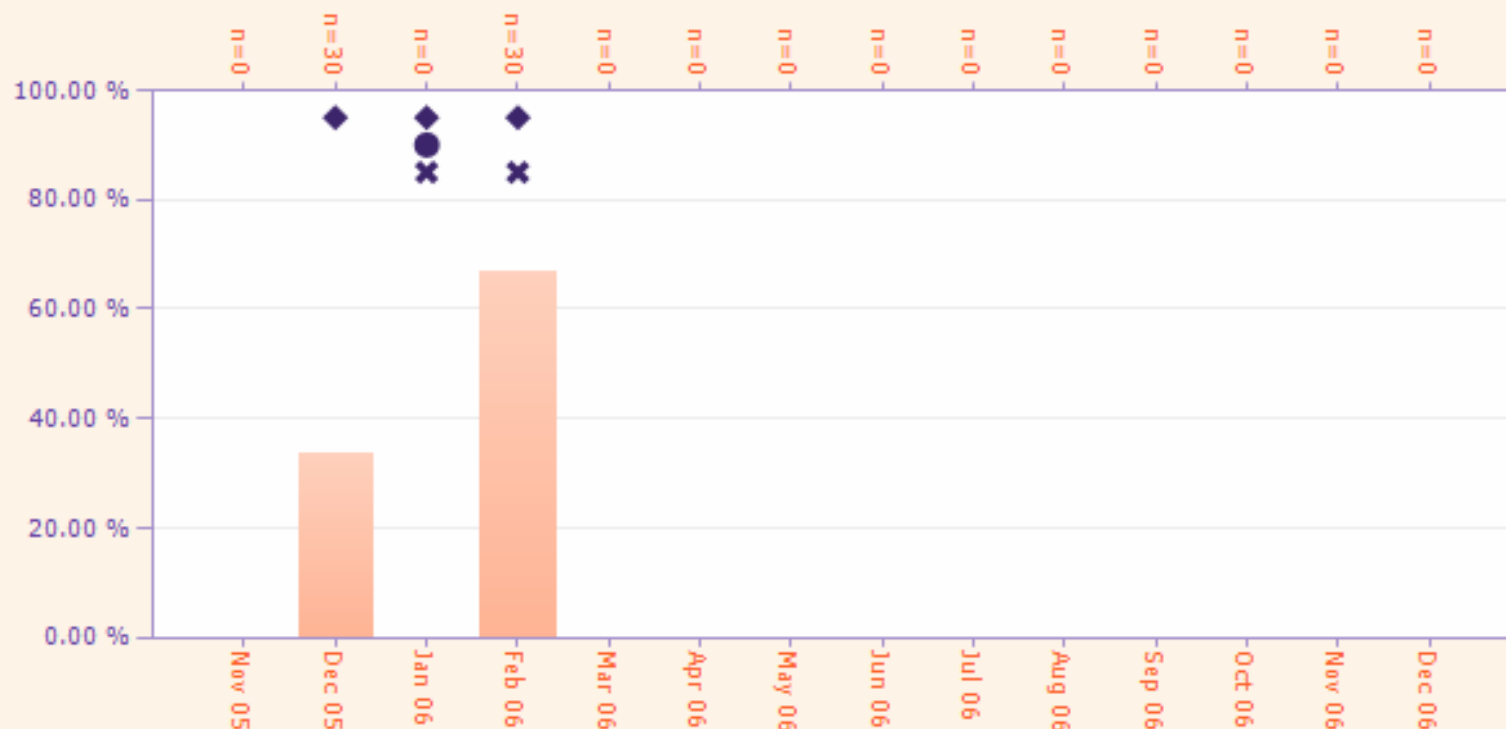
- Educational courses
- Decision aids
- Reminders
- Peer support
- Opinion Leaders
- Barrier analysis
- Process redesign
- Consumer empowerment
- Regulation
- Public reporting
- **Measurement and feedback**
-



Whole Hospital

% Eligible high risk patients on recommended VTE prophylaxis [\(create PDF\)](#)

test



Interventions

- ◆ policy in place
- data feedback session/s
- ✕ education session/s
- ▲ new system/s introduced

Closing Evidence-Practice Gaps

Data to show improvement

- local data collection/audits
 - resource implications
 - quality of QI data
 - comparability with others
 - sustainability



Closing Evidence-Practice Gaps

Registers:

- Who owns and who can access what data?
- Groups want different data for different purposes
 - researchers
 - clinicians
 - managers
 - funders
- How to maintain data quality & maintain commitment?



Best value - the way forward?

System for:

- Agreement on very limited number of key (evidence based) process indicators
- Review & identification of inappropriate patterns of care
- Development of a co-ordinated program to change practice



The way forward?

Advantages:

- Reduces potential for controversy
- Focuses attention on areas where action is possible
- Enables planned practical support
- Extends usefulness & value of registers



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