Evidence-Practice Gaps

National Institute of Clinical Studies, Australia

Heather Buchan
Chief Executive Officer
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
What are the important evidence practice gaps in Australia?
Evidence-Practice Gaps Reports Volume I & II
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    periconceptional use of folic acid
supplements    breastfeeding    SIDS
asthma    panic disorder & agoraphobia
influenza vaccination    kidney
disease    blood pressure    stroke
osteonporosis    . . . . .
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.

**Influenza vaccination rates, Australia 2004**

- aged 65+
- aged 18+ at-risk
- aged 18-64 at-risk

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

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

Hospitalisations in Australia with VTE reported

- DVT (principal diagnosis)
- DVT (any diagnosis)
- PE (principal diagnosis)
- PE (any diagnosis)

1999-2000: 0, 0, 0, 0
2000-2001: 10, 12, 14, 16
2001-2002: 12, 14, 16, 18

Thousands of patients

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

Preventing venous thromboembolism in hospitalised patients
Under use/suboptimal use VTE prophylaxis

Estimated percentage of high-risk patients receiving appropriate VTE preventive care

<table>
<thead>
<tr>
<th>Place and year</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aust. &amp; NZ (c.1990)</td>
<td>60</td>
</tr>
<tr>
<td>R. Hobart Hospital (1997)</td>
<td>100</td>
</tr>
<tr>
<td>Canberra Hospital (c.2000)</td>
<td>0</td>
</tr>
<tr>
<td>Australia (2000) Colorectal cancer surgery</td>
<td>90</td>
</tr>
<tr>
<td>R. Perth Hospital (2002)</td>
<td>60</td>
</tr>
</tbody>
</table>
Evidence-Practice Gaps Reports

- Data sources on current practice
  - published one-off audits/research 18
  - AI HW/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**

- . . . . .
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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