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TITLE: Challenges for Australia's healthcare system: Addressing the gaps in the evaluation of health technology and implementation at the 'local' level.

Background: Australia uses world class techniques for evaluating health technologies such as new medicines listed on the Pharmaceutical Benefits Scheme. However, there is gap in the evaluation of healthcare delivered at the 'local level'. The majority of Australia's health budget is spent at the 'local level', through hospitals and primary care, yet there is inconsistent use of evaluation concerning the technologies adopted and implemented by these providers. The Australian Productivity Commission noted the evaluation of health technologies is central to ensuring the translation of cost-effective technologies into practice and policy.¹ 'Technologies' include drugs, devices, models of care, procedures, health administration and health policy, including population health strategies.

Understanding existing gaps in the evaluation of health technology and assessments of models of care is one of the national initiatives overseen by the Australian Health Research Alliance (AHRA). Understanding these gaps contributed to the formation of solutions that were generated by a combination of inputs from frontline health services and from insights gained from national and international literature on healthcare evaluation. AHRA comprises the 7 Advanced Health Research and Translation Centres and 2 Centres for Innovation in Regional Health, accredited by the National Health and Medical Research Council. The AHRA Working Group addressed the challenges of evaluating new evidence and the barriers to implementation at the local level. Local level was defined as the decision making level within the health service.

Objectives:

- i) Better understand existing strengths and weakness in healthcare evaluation at the local level;
- ii) Summarise national and international best practice in healthcare evaluation at the local level;

iii) Provide recommendations on how to improve local level healthcare evaluation.

Methods:

- i) Consultations with health service providers (clinicians and executives);
- ii) Documentation of the literature on national and international best practice in healthcare evaluation;
- iii) Development of high level recommendations to improve local healthcare evaluation and implementation architecture based on the literature and consultations.

Results: Characteristics that should be considered in a best practice platform sourced from the national and international literature included: health services led evaluations; access to appropriate skills in evaluation, a platform to share evaluation information, community engagement throughout the evaluation process; a process for communicating the evaluation outcome to decision makers; and a process for implementing evidence-based decisions. The consultations identified opportunities for the evaluation architecture, including a need to strengthen evaluation capacity within frontline health services.

Conclusion: The Australian Productivity Commission has called for better evaluation of health technologies; and enhanced evaluation arrangements to reduce duplication and fragmentation, and to promote information sharing across the country.^{1,2} This is one of the challenges taken up by the AHRA in its goal to improve healthcare evaluation at the local level. Greater application of both pragmatic and rigorous methods to reveal the immediate and downstream implications associated with changes in healthcare technologies and models of care will inform investment and disinvestment decisions ensuring better value for money from health expenditure.

References

- 1. Productivity Commission. Improving Australia's health system: what we can do now. PC News. 2015 May.
- 2. Productivity Commission. Steering Committee for the Review of Government Service Provision, Report on Government Services 2017: Health. Canberra: Productivity Commission, 2017.