

Local health services evaluation and decision-making: a framework and applied studies

Symposium Description (250 words max.)

Symposium Lead (name and affiliation): Jonathan Karnon, Flinders University

Rationale for Symposium:

Evidence on the effects of new pharmaceuticals is reviewed carefully to inform funding decisions. There is a large evidence base of comparative research on the effects of health service interventions (e.g. models of care), but there is no common framework for the formal consideration of this evidence to inform priorities and decision-making within the Australian health system. Comparative evidence on health services may not be as directly transferable as evidence on pharmaceuticals and medical devices, it may need to be adapted to local settings, which leads to the concept of evidence-informed, rather than evidence-based, decision-making. This means the evaluation models used to inform funding decisions for new pharmaceuticals cannot necessarily be applied to inform decision-making around local health services. Local models of evaluation should integrate local health systems data, research evidence and stakeholder preferences to produce a socio-technical approach to supporting evidence-informed prioritisation and decision-making.

Topic description:

This symposium presents research on alternative approaches to using comparative effectiveness evidence to inform prioritisation and decision-making around investments to improve the organisation and delivery of health care. Presentations include a review of relevant comparative effectiveness evidence, a framework for local health service evaluation and decision-making and findings from two case study evaluations to inform local health services prioritisation and decision-making.

Presentation one

Authors and affiliations: Penny Reeves, Andrew Searles, Christine Jorm (Hunter Medical Research Institute), Jon Karnon (Flinders University)

Overview: Local evaluation and decision-making framework. The Australian Health Research Alliance (AHRA) developed a framework to support the local level evaluation of healthcare with reference to the national context. Development of the framework identified several competing evaluation models as well as important gaps in the evidence used for decision making in healthcare. The framework integrates information on prioritised local needs, existing and novel technologies to address those needs, and a process to facilitate information provided to decision makers to assess the expected value from implementing those technologies.

Presentation two

Authors and affiliations: Jackie Roseleur, Andrew Partington, Jon Karnon (Flinders University)

Overview: Evidence-base 2: a scoping review of comparative health services evaluations undertaken in Australia identified over 700 published studies in the last 10 years. The evidence base covers the spectrum of clinical areas and health service settings, illustrating the breadth and depth of comparative Australian health services research. It also provides a reference source for health services to identify

evidence-based options for adapting the organisation and delivery of specific health services.

Presentation three

Authors and affiliations: Andrew Searles, Penny Reeves, Christine Jorm (Hunter Medical Research Institute)

Overview: Case study: This study used aspects of the framework described in Presentation 2. A local health system priority was identified as reducing unnecessary transfers from aged care facilities to emergency departments (ED). It was addressed through a locally developed model of care that was evaluated to enable health services to consider its effectiveness compared to usual practice. The value derived from the model of care was mostly captured by cost avoided through reductions in ambulance transfers and ED use. The evaluation highlighted an important and rectifiable limitation in the information typically provided to decision makers from economic evaluations.

Presentation four

Authors and affiliations: Andrew Partington, Jon Karnon (Flinders University)

Overview: Case study: bottom-up evidence-informed prioritisation and decision-making in response to performance data showing longer length of stay for patients undergoing tracheostomy in a specific hospital. Comparative analysis of health systems data was undertaken to compare processes, costs and outcomes to identify potential areas for improvement in the organisation and delivery of care for the target population. Relevant comparative research evidence was reviewed to identify potential service interventions, the costs and benefits of which were considered in the context of existing local services and processes.