

CQR Policy Team
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Dear Sir/Madam

The APHA is appreciative of the opportunity to provide a submission in response to the consultation in relation to the proposed National Clinical Quality Registry Strategy.

APHA acknowledges the value of clinical registries in promoting the safety and quality of health care. Current arrangements mean that private hospitals derive little value for clinical quality registries (CQRs) because they are only able to access published reports which provide results in aggregate significantly later than the time of collection. They are unable to access data relating specifically to services provided in their facilities in a timely fashion. Private hospitals also receive no financial support for the costs involved in supporting clinicians' participation in clinical registries.

APHA welcomes the draft National Strategy and the recognition that has been given in this document to the challenges faced by the private sector in participating effectively CQRs and the barriers that current exist to realising the potential of CQRs to support improvements in the value and quality of healthcare in the private sector.

These barriers are particularly acute at the present time when private hospitals and health services are under continual pressure to minimise costs and maximise efficiency while at the same time meeting the healthcare needs of an aging population whose needs are increasingly complex.

National CQRs are based on clinician/patient partnerships

- The selection of clinical evaluation tools should be determined by clinicians and patients with a view to generating information and insights that are relevant to patients and which will inform the improvement of clinical care.
- Private patients should have access to informed consent processes that enable the use of administrative data, data linkage with survey results, patient reported outcomes etc. including data held by the hospital, data held by the treating specialist(s), data in MyHealthRecord.
- Private hospitals should be recognised as stakeholders alongside clinicians with a recognised role in the collection of data and an interest in accessing results and insights pertaining to patients in their care. At a minimum they should have routine access to data and results pertaining to the services they provide.
- Third party payers – for example health insurers – should not be permitted to mandate participation in specific CQRs as a condition of the provision of insurance cover to patients or benefits to clinicians or health service providers.

- The relationship between CQRs and health service payers including, accident and workcover insurers, private health insurers, the Department of Veterans Affairs and others should be transparent in terms of any financial or in kind support provided and any information disclosed to payers. Payers should not have access to data that does not pertain to services paid for by them.

National CQRS are quality assured, efficient and cost effective

- A national accreditation process would be of assistance in ensuring that national CQRs are recognised as meeting agreed standards regarding governance, data management and security, transparency and accountability. Such accreditation would also be useful in identifying those CQRs which have the necessary prerequisites to establish a sustainable and reliable service to clinicians and their patients.
- Consideration should be given as to whether ethics approval processes could be streamlined and made consistent particularly where they relate to the collection and use of routinely collected data, including national datasets which might be accessed by multiple registries for different purposes.
- Where possible CQRs should make use of routinely collected data.
- Where possible CQRs should use nationally/internationally agreed indicators and definitions validated and agreed for use across all relevant contexts ie public hospital sector, private hospital sector, community sector, primary care.
- Where a diversity of clinical evaluation tools are used, protocols should be agreed that allow the integration of results.

The potential value of national CQR data is maximised

- Private hospitals and clinicians should have timely (ideally realtime) access to outputs that are available in formats that support feedback to facilities, units and individual clinicians.
- The private hospital sector should have direct and specific representation in the design of virtual registries so that data is used in way that accurately reflects private sector service delivery and valid comparison of indicators across sectors.

National, prioritised CQRs are sustainably funded

- CQRs that are accredited and aligned with national priorities should have access to government funding to enable them to meet national CQR requirements and fulfil their potential.
- This resourcing should include resourcing to support engagement with and by the private sector.



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