

Proposal for an AWI APRU Public Health Research Collaboration

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Reducing Preventable Cardiovascular Disease Mortality 2010-2015

An international university-health system partnership to improve primary and secondary prevention of CVD in participating countries

Recap

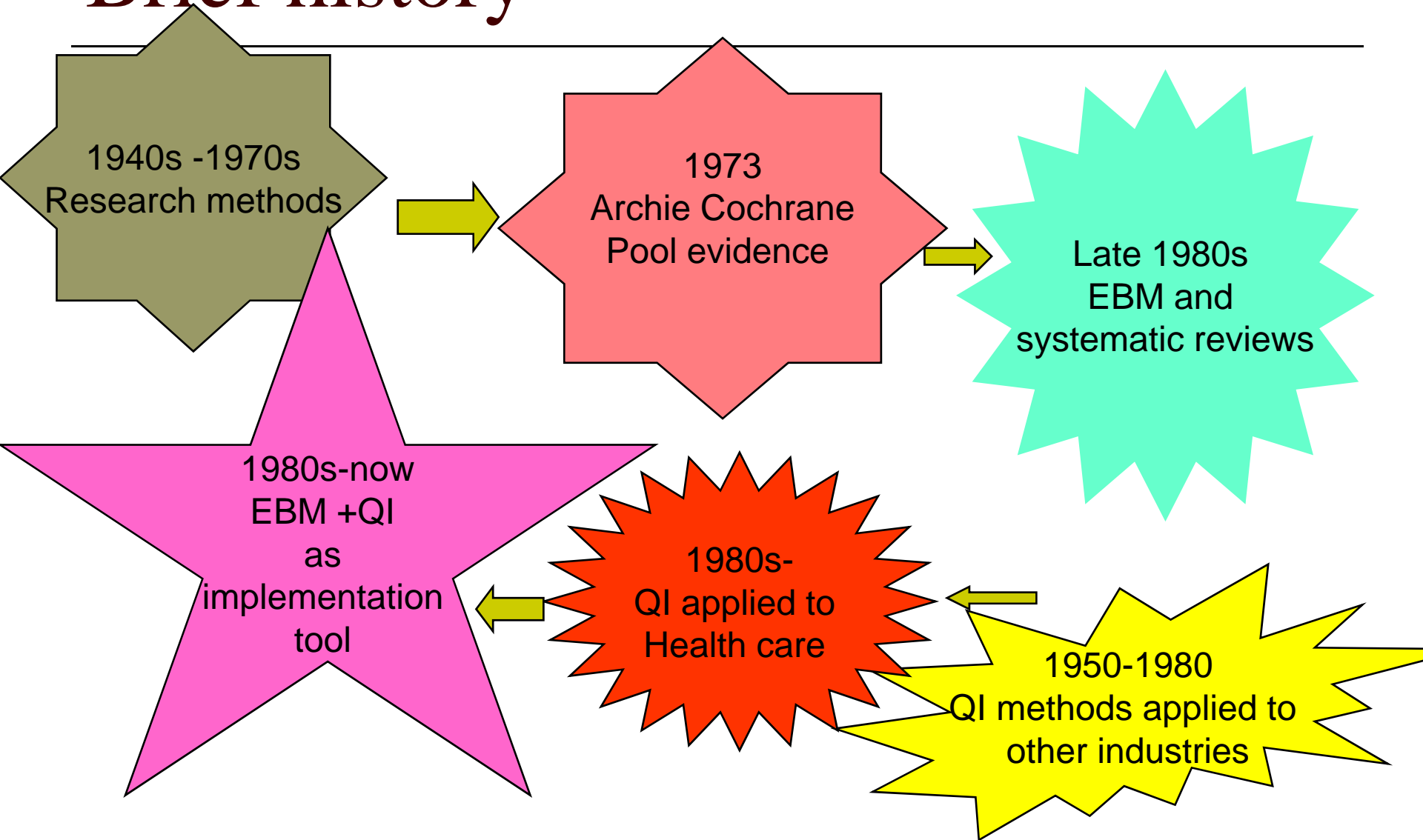
Tokyo Jun 2008

Fred Nazem presented **“To Make A Difference Right Now: Applied Medicine and the Role of Socially Conscious Universities**

Singapore Nov 2008

Stephen Leeder (USYD) proposed an international collaborative program to reduce by 2% a cardiovascular risk factor, illness or cost.

Brief history





Multiorganisational Improvement Collaboratives (MICs) – Background

- Success of quality management for performance improvement across entire industries well documented
- Uneven record of disseminating improvement knowledge to achieve dramatic performance gains in healthcare
- Spreading improvements by publications, professional meetings, vendors (healthcare providers, equipment suppliers and drug companies) and sharing results of grant-supported research

Multiorganisational Improvement Collaboratives (MICs) - Background

- Much improvement knowledge complex and less specific than use of a specific drug or procedure:
 - eg infection control – individual performance, know how, culture
- What is this know how? How do we identify it? How do we share widely to improve performance across entire health systems?

Plsek PE. Am J Infect Control 1997;25:85-95

Diabetes Spectrum 2004;17(2):97-101.

Schouten LT. BMJ 2008;336:1491-1494



MICs - Key Concepts

- ❑ Multiple organisations
- ❑ Quantified variability in process or outcome
- ❑ Open sharing
- ❑ Internal process characterisations
- ❑ Formal benchmarking visits
- ❑ Identification of “best practices”
- ❑ Replication efforts
- ❑ Measured improvement

Northern New England Cardiovascular Disease Study Group

- 1987-1993
- 23 cardiothoracic surgeons from 5 centres aimed to improve hospital mortality rates from CABG
- Variation in mortality between surgeons and units
- Used MIC methods
- Result 24% reduction in in-hospital mortality associated with CABG



Institute for Healthcare Improvement Breakthrough Series (BTS)

- Collaboratives across the US- 12-40 organisations
- Caesarean section rates, asthma care, waits and delays, adult intensive care, adverse drug events, adult cardiac surgery, end of life care
- 12-15 months
- Improvements in many areas



Other collaboratives

- Increase in no. of days between neonatal deaths and decrease infection rates in the Vermont Oxford Network of NICUs
- Reduction of pain in residents of 21 nursing homes
- Improvements in asthma and diabetes care, and the appropriate use of lipid lowering drugs
- Improvements in patient self management and education across asthma clinics



Lessons from Collaboratives

- ❑ Successful teamwork
- ❑ Ability to apply quality methods
- ❑ Strategic importance of the work to home organisations
- ❑ Culture of organisation
- ❑ Type and degree of management support
- ❑ Can be a temporary and powerful learning organisation that motivates, provides knowledge, skills and support, and develops its own culture

- ❑ Ovretveit J. et al. Quality collaboratives: lessons from research. 2002;11:345-351

Cochrane Systematic Review

- 1104 studies indentified -- 72 included in study
- Findings:
 - 9 controlled studies -- 7 showed at least 1 positive effect of intervention on process or outcome of care
 - 53/60 (88%) uncontrolled study reports showed improvement in care and organisation performance from participating in collaboratives
 - Several of these showed dramatic improvements of 30-80%

 - Collaboratives appear to work for some organisations but not others
 - Detailed evaluations needed to sort out the determinants of success or failure



Outcomes for proposed project

- Substantial improvement of uptake of evidence based practice across multiple institutions and systems
- Improved health outcomes for patients and communities
 - Reduced risk factors for CVD
 - Better treatment outcomes for CVD
 - Better survival for CVD patients
 - Cost savings to communities



Benefits

- Contribute to the scientific literature on evaluation methodologies for health improvement through university-health system collaboration



Project elements

1. Decision to proceed
2. Invite countries with APRU members to participate
3. APRU and USYD to seed funding proposal
4. Seek project funds
 - Fund project governance and management group
 - Fund project funding proposals in participating countries
5. Form Project governance with international advisory group with subject experts
6. Determine objectives interventions and evaluation strategy
7. Establish collaboration and learning mechanisms
8. Foster implementation
9. Continuous evaluation, feedback and learning
10. Build translational research capacity in participating countries



Offer

- The Menzies Centre at USYD would be pleased to coordinate/facilitate as required and to lead the evaluation elements



What is in this for participants?

- ❑ No loss of ownership
- ❑ Publish own data
- ❑ Appeal for funding agencies (Nuffield, Commonwealth Fund)
- ❑ Save lives
- ❑ Improve healthcare practices in participating countries
- ❑ Develop methods for international collaboration between APRU universities and health systems
- ❑ Develop an international program around implementation research
- ❑ Foster APRU collaborative relationships

First steps

- Seed funds to develop proposal for international funding agency/ies
 - USYD
 - AWI-APRU (say \$US25,000)
- Funded proposal 2010-2015
 - Global funding
 - Central funding + country specific