KEY MESSAGES

Tailored health care for chronic disease in primary care: minimising the risks and maximising the benefits

An application of policy simulation

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B Pekarsky, T Lawson, C Mathews, P Yerrell, M Leach, P Clifton

Policy context

The policy of interest is Diabetes Coordinated Care Initiative (DCCI) and DCC Pilot (DCCP)

The DCC policy and pilot are intended to improve care for patients whose outcomes, as a group, are suboptimal under mainstream primary care financing (MBS). There is uncertainty as to: how many and which GPs and patients will enrol; the expected benefit to enrolled patients; and potential risks for unenrolled patients. A literature review can inform decision makers about the value of the relevant parameters prior to policy implementation, but gaps in evidence remain.

How can these gaps be identified? When do they matter? How can risk management strategies be put in place even if the value of parameters is unknown?

Policy simulation is a tool that complements Evidence-Based Medicine. It provides strategies to identify "the known unknowns" and the "what ifs" of policy. Its starting point is: in the absence of evidence, what are we implicitly assuming; does it matter what we assume; and if it does matter, what are the options available to minimise any risks associated with the "known unknowns".

Key messages

- For a policy to be effective it needs to identify patients for whom there is a capacity to benefit (CtB) from the intervention. The policy narrative, the consent forms for the pilot, the literature encouraging participation all suggest that all patients with diabetes will have a CtB from enrolling in the DCC pilot or initiative. This is not the case.
    - Evidence of poor outcomes for a patient under the current system does not necessarily mean that a patient will have better outcomes under alternative care.
    - Not all patients with current good outcomes have a CtB from enrolment.
    - Unwarranted optimism about patient improvement can lead to under powered trials and unrealistic expectations by patients and providers.
- The patient consent process should be informed by an individually assessed patient CtB from enrolment, which should include consideration of:
    - the quality of that patient's current care and the influencing factors; and
    - whether the factors influencing the patient's current outcomes are likely to change under DCCI, including the changes to the care provided by the patient's current GP.

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