Australian
Living Evidence
Collaboration

# Better evidence systems
# Better clinician support
# Better patient outcomes
# **Better value health care**

**Federal Pre-Budget Submission 2024–25**

**January 25, 2024**

MONASH University

MONASH
PUBLIC HEALTH AND
PREVENTIVE MEDICINE

# Pre-budget Submission 2024–25

## Foreword

The Commonwealth Government has supported Australia to be global leaders in the development and application of the living evidence approach.

The Australian Living Evidence Collaboration (ALEC) demonstrated the value of this model during the pandemic when it developed the Australian clinical guidelines for the care of people with COVID-19.

The Commonwealth now has the opportunity to seize this momentum and use the established infrastructure, processes, people and commitment to achieve greater sector-wide impact in other areas of national health priority.

This proposal outlines five key recommendations to fund living evidence solutions that align with the strategic priorities of the Department of Health and Aged Care:

- **Recommendation 1:** Accelerating evidence to impact
- **Recommendation 2:** Emergency response and pandemic readiness
- **Recommendation 3:** Reducing the burden of chronic disease
- **Recommendation 4:** Using diverse evidence and data to better inform health practice and policy
- **Recommendation 5:** Improving workforce capability

The Australian Living Evidence Collaboration supports evidence-based clinical decision making in priority areas for Australian healthcare settings. ALEC convenes the sector to promote and build multidisciplinary collaboration; provide living evidence syntheses; develop living guidelines; and conduct research to improve our impact.

After pioneering the living evidence approach, researchers from Cochrane Australia, based at Monash University, led the establishment of ALEC in May 2018 – bringing together a group of close collaborators and early adopters of the living evidence approach in Australia. These members committed to living evidence-based methods for developing clinical guideline recommendations in stroke, arthritis, kidney and diabetes.

Living evidence uses continual evidence surveillance and rapid response pathways to incorporate new relevant evidence into systematic reviews and clinical practice guideline recommendations as soon as it becomes available. It is now considered the international gold standard for clinical guidelines development.

In March 2020, ALEC established the National Clinical Evidence Taskforce (NCET) in response to the evolving SARS-CoV-2 emergency. ALEC rapidly convened 200+ multidisciplinary experts from 35 national peak health bodies representing all major clinical groups, as well as consumers. NCET provided up-to-date, evidence-based guidance for Australian clinicians caring for people with COVID-19. Initial funding in 2020 came from both

government (MRFF and Victorian Government) and philanthropy, with the Commonwealth Department of Health and Aged Care providing core funding from 2021–2022.

> *If Australia can go for the gold with its national health guidelines, why can't we do it in our country and for other sectors?*
>
> – Global Evidence Commission update 2023

The COVID-19 guidelines provided a calm voice amid the chaos and helped avoid catastrophic loss of life through use of unproven therapies or delayed implementation of effective therapies. NCET coordinated the voice of the Australian peak health organisations, whose members were providing clinical care to people with COVID-19, through a 100% consensus model.

The multidisciplinary guidelines played a critical role in providing clinical confidence to Australian clinicians and decision makers throughout the pandemic. The guidelines include more than 200 recommendations covering primary, acute and critical care. They have been viewed more than 1.7m times, by more than 700,000 individual users, in more than 200 countries around the world.

Commonwealth Government funding was vital to ensuring that all clinicians had equitable and free access to nationally consistent, evidence-based, continually up-to-date advice in all settings. It also became a trusted source of information for media and consumers during a period of great uncertainty and at a time of much confusion and misinformation.

The living guidelines approach can be implemented now to immediately improve healthcare delivery in key health priority areas, and also implemented across the healthcare system to underpin the longer term sustainability and quality healthcare delivery in Australia.

Now is the time to harness the engagement of our 64 member organisations, and together create better evidence systems, better patient outcomes and better value health care in Australia.

**Sharon McGowan**
Chair, Strategic Advisory Committee

**Prof Steve McGloughlin**
Clinical Director

**Prof Tari Turner**
Academic Director

## Recommendation 1: Accelerating evidence to practice

**Living, evidence-based clinical guidelines are central to translating the results of health research into delivery of high value health care**

### Problem

- Outdated, traditional, inefficient systems are unable to maintain guidelines in line with the latest research. Therefore patients receive suboptimal care, leading to increased morbidity and mortality.
- Translation of research findings into clinical practice and policy is dangerously slow (average 5+ years)
- In Australia, there is no single home for trusted, up-to-date clinical guidelines to support adoption of evidence-based best practice
- Unnecessary waste results from duplication of guideline development effort at local, state and national levels

### Our solution

For ALEC to be sustainably funded to:

- provide coordination, training and support to enable living clinical guidelines
- enhance technical systems and develop digital solutions to reduce unit costs and time to develop and maintain reliable, up-to-date guidelines
- optimise the dissemination and use of evidence-based guidelines for improved health care
- reduce duplication of effort, build efficiencies of scale, and encourage consistent evidence-based decision making across Australia
- strengthen multi-stakeholder evidence partnerships to build capacity and strengthen co-production
- ensure living guidelines benefit all Australians, including First Nations Peoples and rural/remote communities
- Expand research and evaluation of existing living guidelines

> *“All Australians should have access to high quality evidence-based information about how to manage their health and wellbeing through appropriate preventive action across each stage of their life.”*
>
> – National Preventive Health Strategy, p41

## Recommendation 2: Emergency response and pandemic readiness

**Another pandemic, natural disaster or other health crisis is inevitable – clinicians will need rapid, reliable, responsive guidance**

### Problem

- Lack of clarity on who holds responsibility and capability for the development of national clinical guidelines in response to health crises
- No national organisation or Department agency will be able to scale up to develop national clinical guidance in the event of another pandemic
- No delegation of responsibility for urgent clinical guidelines means that the health system cannot provide timely and trustworthy advice
- Risk that multiple health sector actors provide inconsistent and even conflicting advice

### Our solution

Fund ALEC to provide capacity to prepare for and respond to emerging health threats by:

- Providing rapid response living guidelines for new health challenges
- As was demonstrated in COVID-19, ALEC has the established expertise, infrastructure and relationships to rapidly and effectively convene the multidisciplinary clinical panels, methods expertise and member organisations to develop clinical guidance for emerging health threats
- Continuing active engagement of ALEC's 64 member organisations and contribution of 250+ clinical and consumer experts
- Developing living guidelines to underpin an Australian Centre for Disease Control (CDC) response – independent, scientifically robust, rapid and trusted
- Responding to other emerging health issues of national importance, such as climate change, where ALEC has already commenced evidence syntheses on the effects of climate change on health

> *"… the need for a surge capacity that can quickly be activated in times of crisis, including a rapid assessment and response unit that can be deployed both nationally and internationally when a crisis occurs."*
>
> – CDC Consultation Report

## Recommendation 3: Reducing the burden of chronic disease

**Australian clinicians are increasingly caring for people with multiple complex chronic diseases – they need reliable, up-to-date guidelines to support their decisions**

### Problem

- As the population ages, the burden associated with chronic diseases will continue to rise
- 47% of Australians have one or more chronic conditions
- $320 million is spent each year on avoidable hospital admissions for chronic conditions
- $27 billion in 2008–2009 (36% of allocated health expenditure) attributable to cardiovascular diseases, oral health, mental illness and musculoskeletal conditions
- 87% of deaths are due to chronic conditions
- 87% of women aged 65 and over have a chronic disease
- In 2015 an estimated 2.3% ($2.7 billion) of total disease expenditure in the Australian health system was attributable to diabetes. Including indirect costs, the full cost of diabetes was estimated to be as high as $14 billion per year

### Our solution

Ensure up-to-date, rigorous clinical guidelines are always available and used by all clinicians caring for Australians with chronic disease by funding ALEC to:

- Develop and update existing ALEC national living guidelines in chronic diseases (stroke, kidney, arthritis, diabetes) to national quality standards, and expand to develop guidelines for other chronic diseases of national priority, such as obesity, heart disease, cancer or mental health
- Convene broad guideline panels that reflect the complex, multidisciplinary, multisector nature of care for people with chronic disease, and include consumers and carers, enabling continuity and consistency of care
- Expand the scope of the National Diabetes Living Guidelines in line with the National Diabetes Strategy to include topics such as diabetes prevention, gestational diabetes mellitus, and the needs of specific high-risk populations including people in aged care, Aboriginal and Torres Strait Islander peoples, and remote and rural populations
- Develop knowledge translation and decision-support tools and optimise their dissemination and uptake to help clinicians and consumers make the best possible, evidence-informed health decisions

> *“Evidence-based — rigorous, relevant and current evidence informs best practice and strengthens the knowledge base to effectively prevent and manage chronic conditions.”*
>
> – The National Strategic Framework for Chronic Conditions Guiding Principle, p14.

## Recommendation 4: Using diverse evidence and data to better inform health practice and policy

**A complex health system needs linked, curated data and robust analysis to underpin strategic decision-making and to optimise both health outcomes and budget efficiencies**

### Problem

- The pace of research is accelerating, overwhelming individual and system level scientific understanding, and causing confusion and misinformation
- Complex health practice and policy decisions require the use of diverse types of health research and data
- Health data that could be valuable to support efficient, targeted decision-making are generated in a variety of places across the Australian health system and not systematically curated, analysed or used
- Use of data is not yet embedded within DoHAC, and key program and delivery areas, such as Primary Health Networks (PHNs), do not yet have data-driven metrics to support performance monitoring, or to assist in future policy development and design (p12 capability review)

### Our solution

Fund ALEC as an enduring pathway to leverage a national health data system and work in partnership with clinicians, researchers, consumers and governments to:

- prioritise clinical topics for guideline development/updating based on healthcare practice and outcome variation; supporting the generation of evidence-based clinical guideline recommendations that accurately reflect the size and nature of the population affected, the availability of recommended treatments, etc.
- integrate data from the Australian healthcare system and beyond (e.g. MBS and PBS data, Person-Level Integrated Data Asset, National Integrated Health Services Information) with the syntheses of published research to refine, target and contextualise recommendations in living guidelines; including tailoring for priority populations, such as people with disability, indigenous Australians, culturally and linguistically diverse populations.
- focus knowledge translation activities for living guideline recommendations to identified areas and populations of need to gain the most efficient and impactful uptake of guideline recommendations
- evaluate the impact of living guidelines on practice and outcomes, and enable improvements and revision

> *“As a result of digitisation, we now have access to more data than ever before. …Our challenge then is to make sure that we make the best use of all this data – to be more efficient and sustainable, to deliver more streamlined and targeted services, to ensure we are investing in the most effective programs – and ultimately to deliver benefits for all Australians.”*
>
> – Paul McBride, Chief Data Steward, DoHAC Data Strategy 2022–25

## Recommendation 5: Improving workforce capability

**National living clinical guidelines enable Australian health workers to provide consistent and continuous care**

### Problem

- The multidisciplinary primary care workforce (GPs, nurse practitioners, midwives, pharmacists, allied health workers and Aboriginal and Torres Strait Islander health workers) face multiple challenges to providing high-quality, integrated care, including out-of-date guidelines and lack of interoperability of digital systems. As a result they are not working to their full scope of practice.
- There is no single home of trustworthy, up-to-date clinical guidelines
- Clinical guidelines are not integrated into electronic medical software, meaning they are not efficiently or effectively enabling evidence-based decision making

### Our solution

Fund ALEC to:

- develop up-to-date, multidisciplinary living clinical guidelines in national health priority areas that:
    - provide health professionals with the knowledge/skills required to support an integrated, person-centred, team care approach
    - encourage multidisciplinary and multi sector collaboration with clear pathways of care, allowing all health professionals, particularly in primary care, to work to their full scope of practice
    - support development of, and align with,clinical quality standards
    - enable consistency and continuity of care across the sector
- develop a bespoke living evidence digital platform integrated into electronic medical software and other digital health systems ensuring:
    - an efficient and practical decision-support system for Australian health professionals regardless of occupation, role or setting.
    - support for nationally consistent and accessible digital health capabilities
    - guidelines underpinning clinical decision-making are continually up-to-date at the point of care

> *“Many high quality guidelines are not integrated into eCDS. There is no process or agreement as to which guidelines should be used to develop eCDS. For example, there is no requirement to utilise endorsed guidelines (e.g. National Health and Medical Research Council or RACGP endorsed). To facilitate integration, guidelines need to be available in a standard format that supports integration into eCDS systems.”*
>
> – Position statement, RACGP:Electronic clinical decision support in general practice

## Budget

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| Recommendation 1:<br>**Accelerating evidence to practice** | **$1.5m per year, over three years**.<br>Includes:<br>• personnel<br>• guidelines platform (MAGICApp)<br>• consumer representation<br>• biostatistics<br>• communications and design<br>• other software licenses |
| Recommendation 2:<br>**Emergency response and pandemic readiness** | ***$300k per year, over three years.**<br>Includes:<br>• personnel<br>• climate health surveillance and evidence synthesis<br>• horizon scanning |
| Recommendation 3:<br>**Reducing the burden of chronic disease** | ***$1.3m per year, over three years.**<br>Includes:<br>• supporting existing kidney, arthritis and stroke living guidelines<br>• expanding scope of living diabetes guidelines<br>• convening expert panels, leadership groups and steering committees |
| Recommendation 4:<br>**Using diverse evidence and data to better inform health practice and policy** | ***$450k per year, over three years.**<br>Includes:<br>• personnel with expertise in data analytics, implementation science and evaluation |
| Recommendation 5:<br>**Improving workforce capability** | ***$1.1m for development in year 1, $250K for years 2 & 3.**<br>Includes:<br>• development of bespoke living evidence digital platform (Year 1)<br>• integration into electronic medical software and other digital health systems (Year 1)<br>• ongoing maintenance and development<br>• development of online training materials |

**Note: Contingent on funding of Recommendation 1*

## References


- Australian Digital Health Agency, The National Digital Health Capability Action Plan. Australian Government. Canberra.
- Australian Health Ministers' Advisory Council, 2017, National Strategic Framework for Chronic Conditions. Australian Government. Canberra.
- Australian Public Service Commission, 2023, Capability Review Department of Health and Aged Care. Australian Government. Canberra.
- Department of Health and Aged Care, December 2022, CDC Stakeholder Engagement Report. Australian Government. Canberra.
- Department of Health and Aged Care, 2022 Data Strategy 2022 – 2025: Harnessing the power of data for better health, aged care and wellbeing. Australian Government. Canberra.
- Department of Health and Aged Care, 2023: Scope of Practice Review Terms of Reference. Australian Government. Canberra.
- Department of the Prime Minister and Cabinet, 2019. Our Public Service, Our Future. Independent Review of the Australian Public Service. Australian Government. Canberra.
- Global Commission on Evidence to Address Societal Challenges. Evidence Commission update 2023: Strengthening domestic evidence-support systems, enhancing the global evidence architecture, and putting evidence at the centre of everyday life. Hamilton: McMaster Health Forum, 2023.
- Huxtable, Rosemary on behalf of Health Ministers of the Commonwealth and all States and Territories, October 24, 2023, Mid-Term Review of the National Health Reform Agreement Addendum 2020-2025 Final Report
- National Health and Medical Research Council Annual Report 2022–23, Canberra: National Health and Medical Research Council, 2023.
- Naughtin C, Hajkowicz S, Schleiger E, Bratanova A, Cameron A, Zamin T, Dutta A, 2022, Our Future World: Global megatrends impacting the way we live over coming decades. Brisbane, Australia: CSIRO.
- RACGP Position Statement, April 2021: Electronic clinical decision support in general practice.