

Choice, not chance, determines your destiny

Aristotle

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Imagine if you will....



A woman in her 20s



A brain tumour is found close to her pituitary gland



The need for surgery

My contention

**Choice between public hospitals and surgeons
may be more important than improving
safety, and we should treat it with the proper
attention it deserves**

Manifest problems



Health technology assessment



Preventative health



Evidence based guidelines



Health workforce



Provider payment models



Information and transparency

The real problem with health care

Our expectations keep growing but we're
loath to pay more

So why are you talking about greater choice?

Why choose?

Choose a job. Choose a career. Choose a family. Choose a big tv, washing machines, cars and electrical tin openers. Choose good health, low cholesterol and dental insurance. Choose fixed interest mortgage repayments, leisure wear and matching luggage. Choose your future.

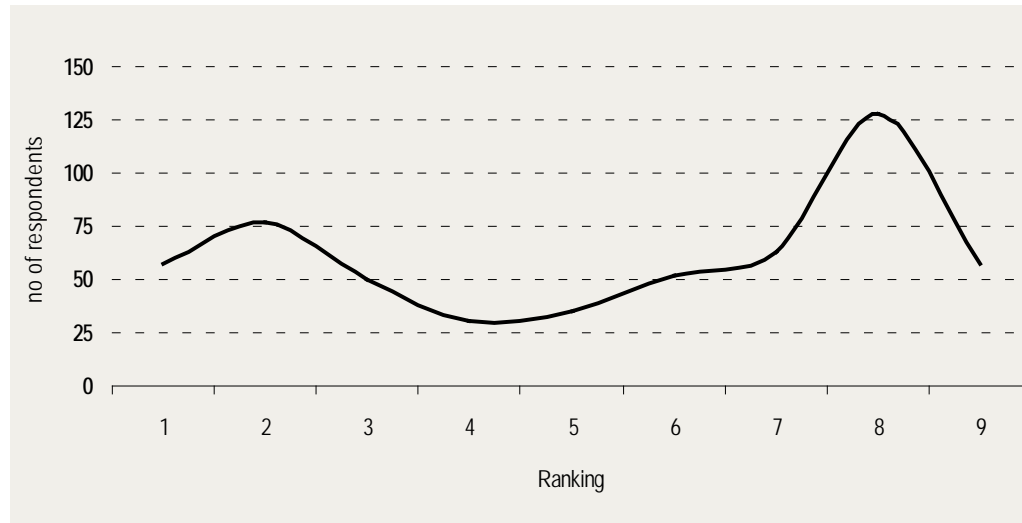
Choose life.

But why would anyone want to do a thing like that?

Renton (Trainspotting, 1996)

We're all different

The importance of healthcare Safety for Australians

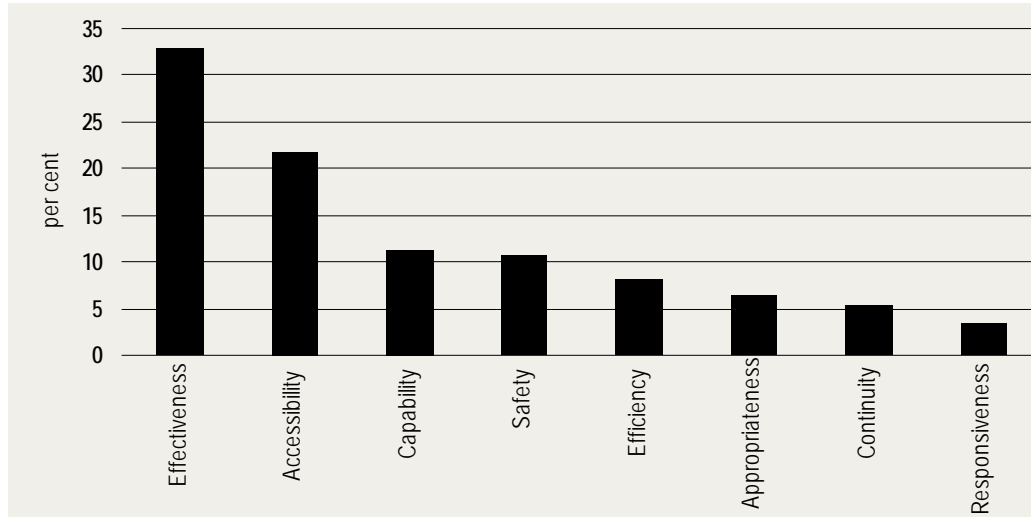


Note: Compared to Effectiveness, Appropriateness, Efficiency, Accessibility, Responsiveness, Continuity, Capability, and Sustainability

Source: Cutler (2009)

We're all different

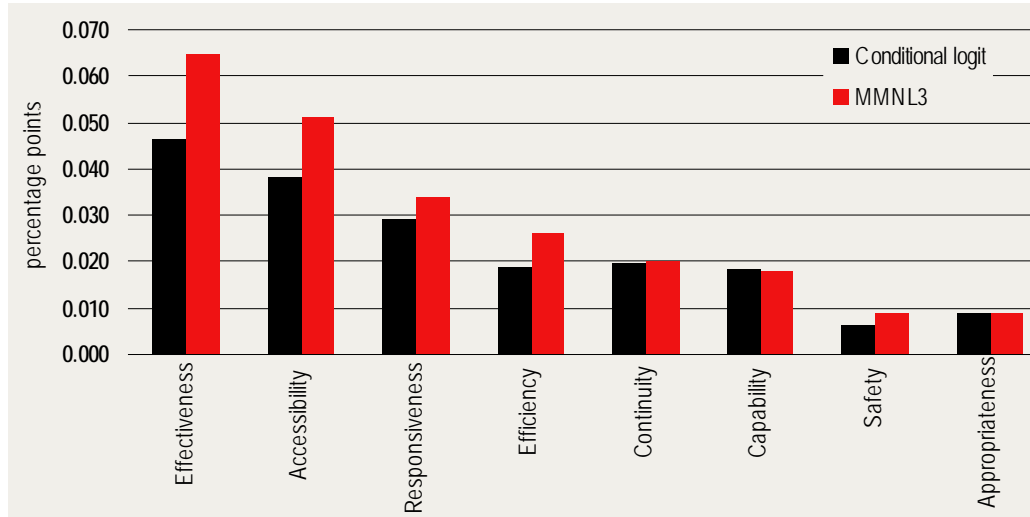
Explicit ranking of Safety compared to other performance dimensions



Source: Cutler (2009)

We're all different

Implicit ranking of Safety compared to other performance dimensions



Source: Cutler (2009)

Benefits of choice

- **Choice can save lives**
(Gaynor et al, 2010)
- **Choice can reduce hospital costs**
(Cooper et al, 2012)
- **Choice can increase access to hospital services for people worse off**
(Cookson et al, 2013)
- **Choice can reduce hospital waiting times**
(Cooper et al 2010)



Ok, but choosing health care is not like choosing a pizza. This is life and death we're talking about, not my Friday night.

Can we choose?

0.17 infections
per 10,000 bed
days

Canterbury Hospital

Golden Staff bloodstream
infections 2013-14

1.42 infections
per 10,000 bed
days

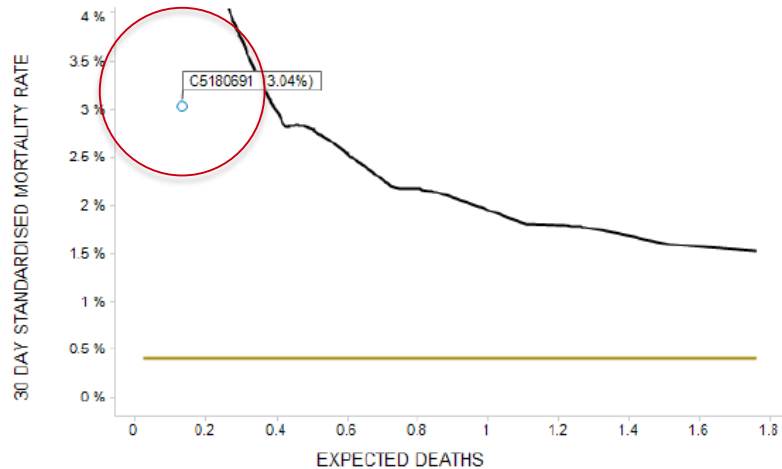
Concord Hospital

Golden Staff bloodstream
infections 2013-14

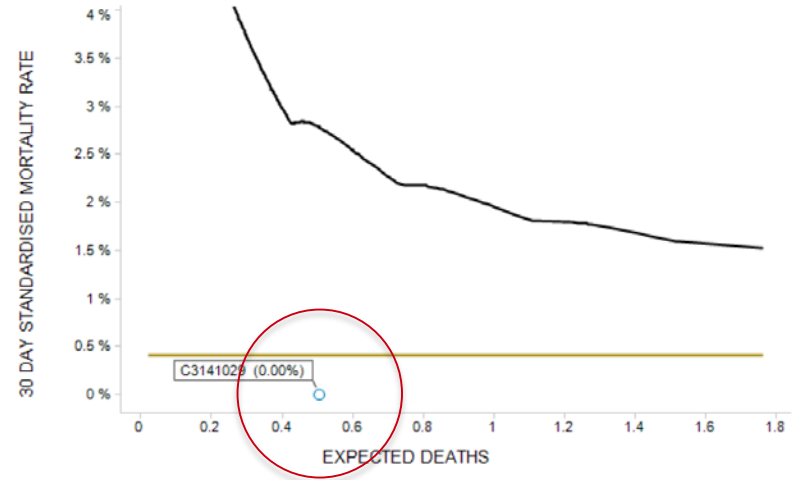
Source: National Health Performance Authority

Can we choose?

Anil Varma (n=22)



Jeremy Holland (n=187)



Source: Neurosurgical National Audit Programme, UK

Do we want to choose?

- **People feel empowered with choice**
(Moser et al, 2010)
- **International evidence suggests patients exercise their right to choose**
(Faber et al, 2009)
- **More choice is already being provided in disability and aged care in Australia**
- **Demographic and socioeconomic status impacts willingness to choose**
(Robertson and Burge, 2011)
- **Some people would like to choose ‘not to choose’**
(Berendsen et al, 2010)

Do we know what's best?

- Not always, but neither does our health care professional
- **Some people find it difficult to use performance information**
(Zwijnenberg et al, 2012)
- **There is the potential for 'inefficient' choice**
(Sheiman et al, 2014)

Well, you have convinced me, we should explore greater choice in public hospitals. So what next?

Essential elements of choice

- **Transparent, consistent, useable and trusted performance information**
- **Buy-in from doctors and surgeons to utilise performance information**
- **Support for patients to utilise choice**
- **Strong incentives for hospital administrators to respond to choice**
- **New hospital management practices to cope with demand fluctuations**
- **Consideration of transaction costs associated with providing greater choice**



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THE END

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