GRATTAN Institute

April 2019

How to improve cataract treatment

Submission in response to the Australian Commission on Safety and Quality in Healthcare's draft Cataract Clinical Care Standard

Stephen Duckett

Overview

Cataract surgery can transform lives. The new clinical standard for cataract surgery proposed by the Australian Commission on Safety and Quality in Healthcare is a welcome effort to improve the quality of care for cataract patients.

Quality care is now recognised as having a number of key dimensions, including access and appropriateness. Patients increasingly expect to have good information on which to base their decisions about where they seek treatment.

The draft Standard should be strengthened to improve public accountability and patient information, and improve access to cataract assessment and surgery. Hospitals and day procedure centres should be held to account, to ensure they manage their waiting times and publish relevant information about clinical results.

Specifically:

- All cataract surgery providers should be required to publish on their website information about the patients they treat and their outcomes.
- All providers should be required to publish the volume of cataract surgeries they performed in the previous 12 months. Where their volume is low (e.g. fewer than 250 cataract surgeries in a year), the hospital or day procedure centre should be required to publish the steps it is taking to ensure its outcomes are comparable to higher-volume hospitals or day procedure centres.
- All providers should be required to publish their waiting times, including the waiting time from initial referral to ophthalmic assessment, and from assessment to procedure.
- Hospitals and day procedure centres that cannot ensure a reasonable waiting time should not be able to be accredited as a cataract surgery provider.

1 The problems to be solved

The new Cataract Clinical Care Standard addresses key elements of the patient journey. However, it also needs to address three problems which bedevil provision of cataract surgery.

1.1 Variation in procedure rates and thresholds

The rate of provision of cataract surgery varies significantly across Australia. The Second Australian Atlas of Healthcare variation, for example, showed an almost four-fold variation in utilisation rates.[1] The thresholds for care also seem to differ.

About 71 per cent of cataract surgery occurs is performed on privately funded patients. This is a significantly higher figure than proportion than the 45 per cent of the population that hold insurance for private hospital care. The reasons for this difference are unclear: there may be under-provision in the public sector; it may be that people needing cataract surgery are more likely to obtain insurance coverage; or this may be a case of supplier-induced demand.[2]

1.2 Waiting times

People who rely on the public sector for their treatment wait an inordinate amount of time for cataract surgery. In 2017-18, 10 per cent of people waited almost a year (334 days) from being listed for surgery to having the procedure performed.[3] In half the admissions, the patient had to wait almost three months (86 days).

1.3 Complication rates

Although cataract surgery is lower risk than many other procedures, complications still occur.[4]

The new Cataract Clinical Care Standard should be designed to reduce complications, waiting times and variation in procedure rates.[5]

[1] Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare. (2017).
[2] Mohammadshahi, *et al.* (2019).
[3] Australian Institute of Health and Welfare (2019).
[4] Modjtahedi, *et al.* (2019).
[5] High out-of-pocket costs for cataract surgery is also an issue but is probably not able to be addressed through the new clinical standard. Many patients may assume that higher out-of-pockets mean lower risks of complications, but evidence from the United States shows that reverse is more likely. Whaley (2018).

2 Give patients better information

Quality Statement 2 in the draft Standard is designed to ensure that patients are 'given the opportunity to discuss the likely benefits and potential harms of the available options' in cataract surgery.[6] Informed patient consent is a core underlying principle of good medical practice. But unfortunately, patients are often unaware of the risks of surgery – and cataract surgery is no exception.

Although the international evidence is that patients do not appear to use public surgical score cards, this may change as consumers become more computer literate.[7] However, it appears that providers do take notice of such scorecards and public scorecards appear to be associated with improved outcomes.[8]

It is proposed that the section under Quality Statement 2 should be strengthened in two ways, to improve public information and therefore enhance patient choice.

Firstly, all providers should be required to publish on their website information about the patients they treat and their outcomes. Ideally there should be a nationally agreed outcome measure such as Cat-PROM5 or Catquest-9SF.[9] Providers could use either of these in the interim.

Hospitals and day procedure centres should publish aggregate information on the types of patients selected for surgery and on patient outcomes after surgery. Public providers should also publish information about patients referred for surgery but not selected for surgery.

This information should be in a standardised form so that patients and services can compare performance among providers.

Different services and ophthalmologists appear to have different thresholds for performing surgery.[10] Publishing 'before' and 'after' results would enable identification of those services that may have lower thresholds for selecting patients for cataract surgery.

Secondly, evidence suggests high-volume providers have better patient outcomes.[11] Therefore, all providers should publish the volume of cataract surgeries they performed in the previous 12 months in their facility. Where their volume

[6] Australian Commission on Safety and Quality in Health Care (2019)
[7] Duckett, *et al.* (2018).
[8] Campanella, *et al.* (2016).
[9] Sparrow, *et al.* (2018); a standardised assessment measure could improve the quality of information included in referral letters, Do, *et al.* (2018).
[10] Lundström, *et al.* (2015).
[11] Modjtahedi, *et al.* (2019); Bell, *et al.* (2007).

is low (e.g. fewer than 250 cataract surgeries in a year), the hospital or day procedure centre should publish the steps it is taking to ensure its outcomes are comparable to higher-volume hospitals or day procedure centres.

3 Strengthen access to ophthalmic assessment and surgery

Quality Statement 3 addresses ophthalmic assessment and, by implication, access to surgery.

Cataract surgery waiting times are highly variable across Australia, both among states and within states. If an organisation provides cataract surgery, it should be expected to do so within a reasonable time.

All providers of cataract surgery should be required to publish their waiting times. In the case of public services, this should include the waiting time from initial referral to ophthalmic assessment, and from assessment to procedure.

Hospitals and day procedure centres that cannot ensure a reasonable waiting time, for example a maximum of six months from referral to procedure, should not hold themselves out as a good cataract surgery provider.

References

Australian Commission on Safety and Quality in Health Care (2019) *Cataract Clinical Care Standard. Consultation draft*, ACSQHC

Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare. (2017) *The Second Australian Atlas of Healthcare Variation*, ACSQHC

Australian Institute of Health and Welfare (2019) *Elective surgery waiting times 2017–18: Australian hospital statistics*, AIHW

Bell, C. M., Hatch, W. V., Cernat, G. and Urbach, D. R. (2007) 'Surgeon Volumes and Selected Patient Outcomes in Cataract Surgery: A Population-Based Analysis', *Ophthalmology*, 114(3), p 405-410

Campanella, P., Vukovic, V., Parente, P., Sulejmani, A., Ricciardi, W. and Specchia, M. L. (2016) 'The impact of Public Reporting on clinical outcomes: a systematic review and meta-analysis', *BMC Health Services Research*, 16(296),

Do, V. Q., McCluskey, P., Palagyi, A., Stapleton, F. J., White, A., Carnt, N. and Keay, L. (2018) 'Are cataract surgery referrals to public hospitals in Australia poorly targeted?', *Clinical & Experimental Ophthalmology*, 46(4), p 364-370

Duckett, S., Jorm, C., Danks, L. and Moran, G. (2018) *All complications should count: Using our data to make hospitals safer*, Grattan Institute

Lundström, M., Manning, S., Barry, P., Stenevi, U., Henry, Y. and Rosen, P. (2015) 'The European registry of quality outcomes for cataract and refractive surgery (EUREQUO): a database study of trends in volumes, surgical techniques and outcomes of refractive surgery', *Eye and Vision*, 2(8),

Modjtahedi, B. S., Hull, M. M., Adams, J. L., Munz, S. J., Luong, T. Q. and Fong, D. S. (2019) 'Preoperative Vision and Surgeon Volume as Predictors of Visual Outcomes after Cataract Surgery', *Ophthalmology*, 126(3), p 355-361

Mohammadshahi, M., Yazdani, S., Olyaeemanesh, A., Sari, A. A., Yaseri, M. and Sefiddashti, S. E. (2019) 'A Scoping Review of Components of Physician-induced Demand for Designing a Conceptual Framework', *Journal of Preventive Medicine & Public Health*, 52(2), p 72-81

Sparrow, J. M., Grzeda, M. T., Frost, N. A., Johnston, R. L., Liu, C. S. C., Edwards, L., Loose, A., Elliott, D. and Donovan, J. L. (2018) 'Cataract surgery patient-reported outcome measures: a head-to-head comparison of the psychometric performance and patient acceptability of the Cat-PROM5 and Catquest-9SF self-report questionnaires', *Eye*, 32(4), p 788-795

Whaley, C. (2018) 'The Association Between Provider Price and Complication Rates for Outpatient Surgical Services', *Journal of General Internal Medicine*, 33(8), p 1352-1358