

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**HEALTHCARE ATLAS A USEFUL FIRST STEP IN UNDERSTANDING
 HEALTH SERVICE DISTRIBUTION**

The AMA commends the Australian Commission on Safety and Quality in Health Care on the production of the *Atlas of Healthcare Variation*, the first study of its kind in Australia.

AMA President, Professor Brian Owler, said today that the Atlas reflects how healthcare delivery is organised in Australia, which provides a useful illustration of people’s access to services across the country.

Professor Owler said the Commission admits that the Atlas does not provide all the answers on health resource allocation, but is intended to start more detailed conversations and studies on the way forward.

The Commission says ‘... *It is not possible at this time to conclude what proportion of this variation is unwarranted or to comment on the relative performance of health services and clinicians in one area compared with another*’.

“The Atlas is a welcome starting point for further research and examination of health service distribution,” Professor Owler said.

“It is not proof that unnecessary or wasteful care is being provided to Australians, and should not be interpreted that way.

“Unusual variations can occur due to unique circumstances in a particular region or community. For example, the map for cataract surgery shows the highest use in the remotest parts of far north Queensland.

“This is because there are no public services available, with private ophthalmologists delivering eye care to Indigenous communities, which is covered by Medicare.

“Identifying variation in the health care provided to Australians is essential before considering the causes of the variation, whether there are good reasons for the variation, and what amount of variation is not warranted.

“The Atlas doesn’t tell us what should be the best rates for different interventions and treatments.”

The challenge now is for the Government to work in partnership with clinicians to:

- develop a process to identify data, information, and causes to determine what variation is actually unwarranted, not just assumed to be;
- develop and fund strategies to reduce unwarranted variation by supporting clinically appropriate care - for example, providing clinical services where they are needed; and
- to support their implementation at different levels, including health service organisations, professional clinical associations, local clinical groups, and individual clinicians.

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CONTACT: John Flannery

02 6270 5477 / 0419 494 761