

# WENNBERG INTERNATIONAL COLLABORATIVE SPRING POLICY MEETING 2018

## From Atlases to Action: reducing unwarranted variation in New Zealand **CATHERINE GERARD**

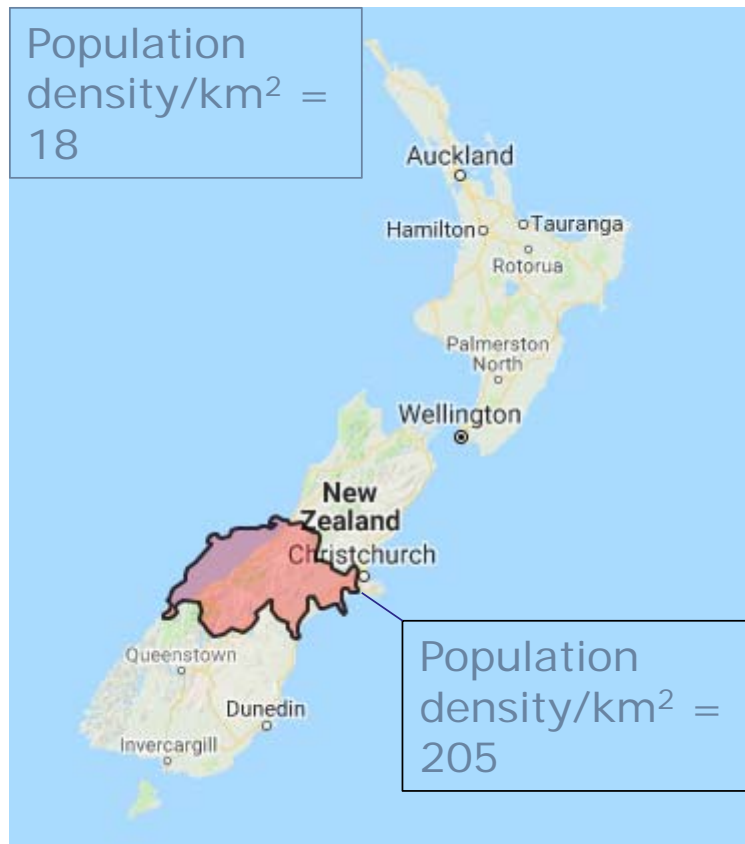


**Smarter Health Care**  
National Research Programme



**HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND**  
*Kupu Taurangi Hauora o Aotearoa*

# Background



- New Zealand: single Ministry of Health
- 20 district health boards
- Universal healthcare, free hospital care and primary care copayment
- HQSC Atlas of Healthcare Variation since 2012
- Māori health equity legislated

# The first five years



1

Method

2

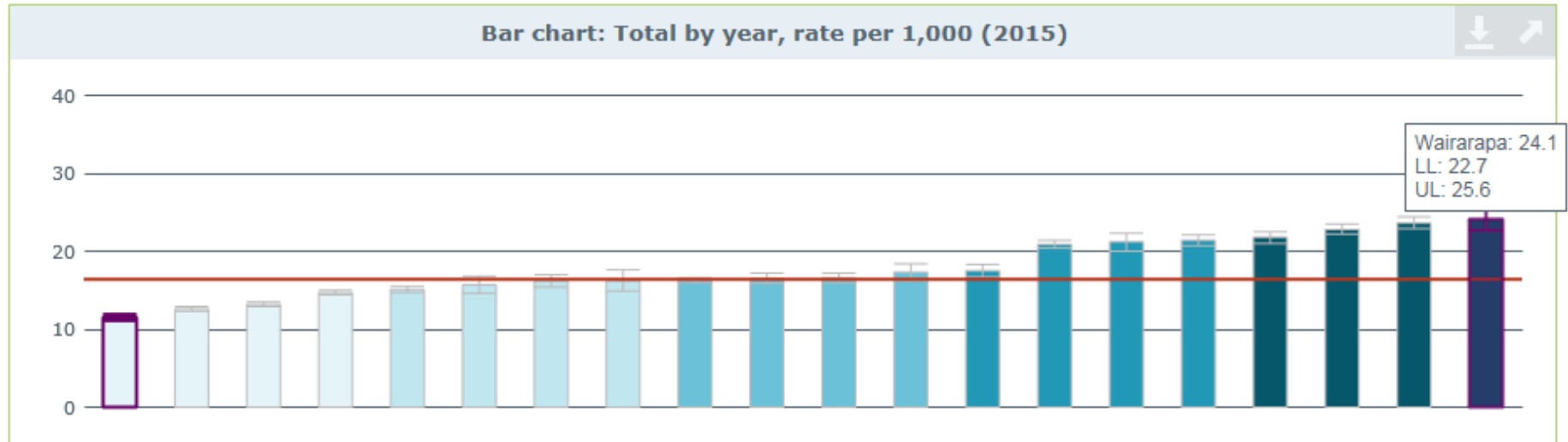
Socialisation

3

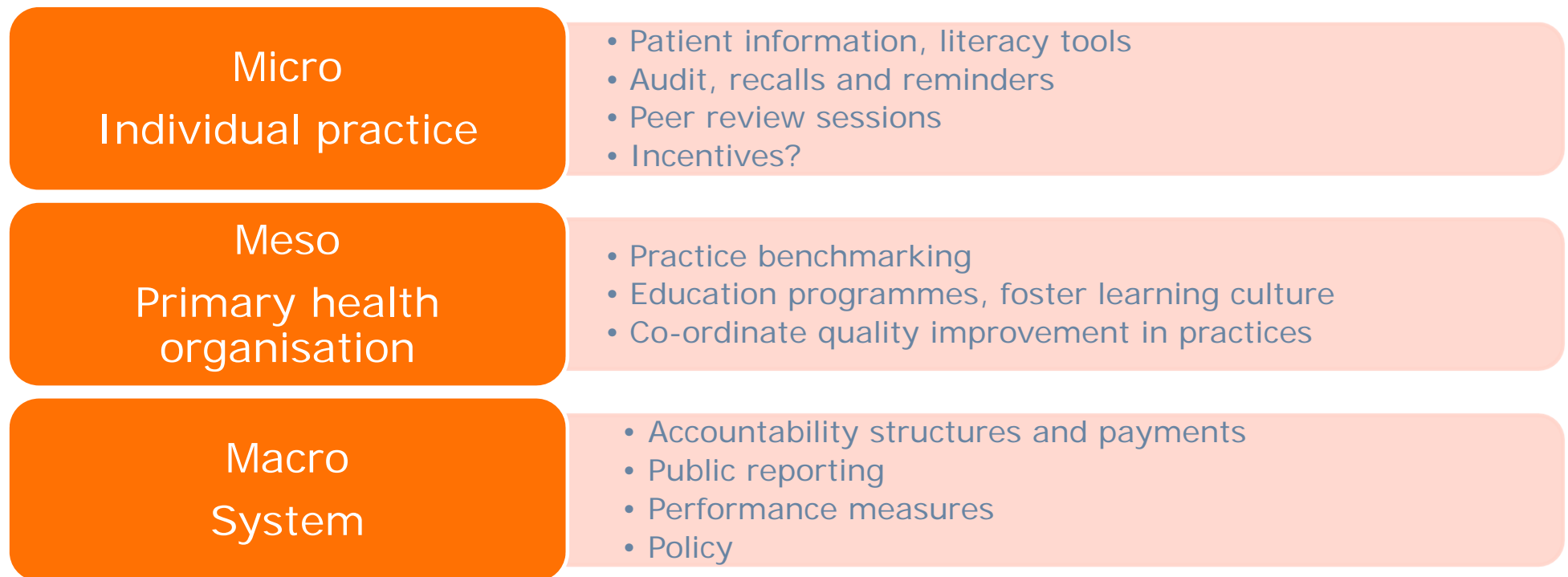
Impact – did anything change?

4

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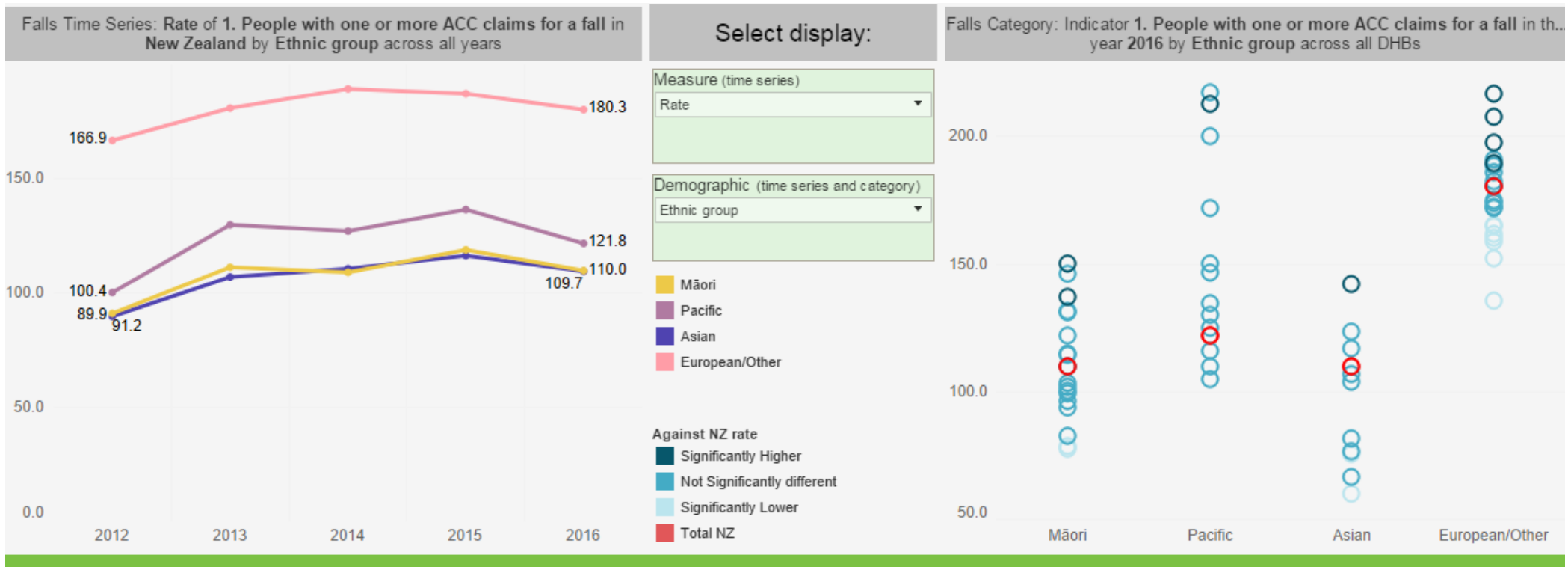
# Levels of change: improving quality<sup>1</sup>



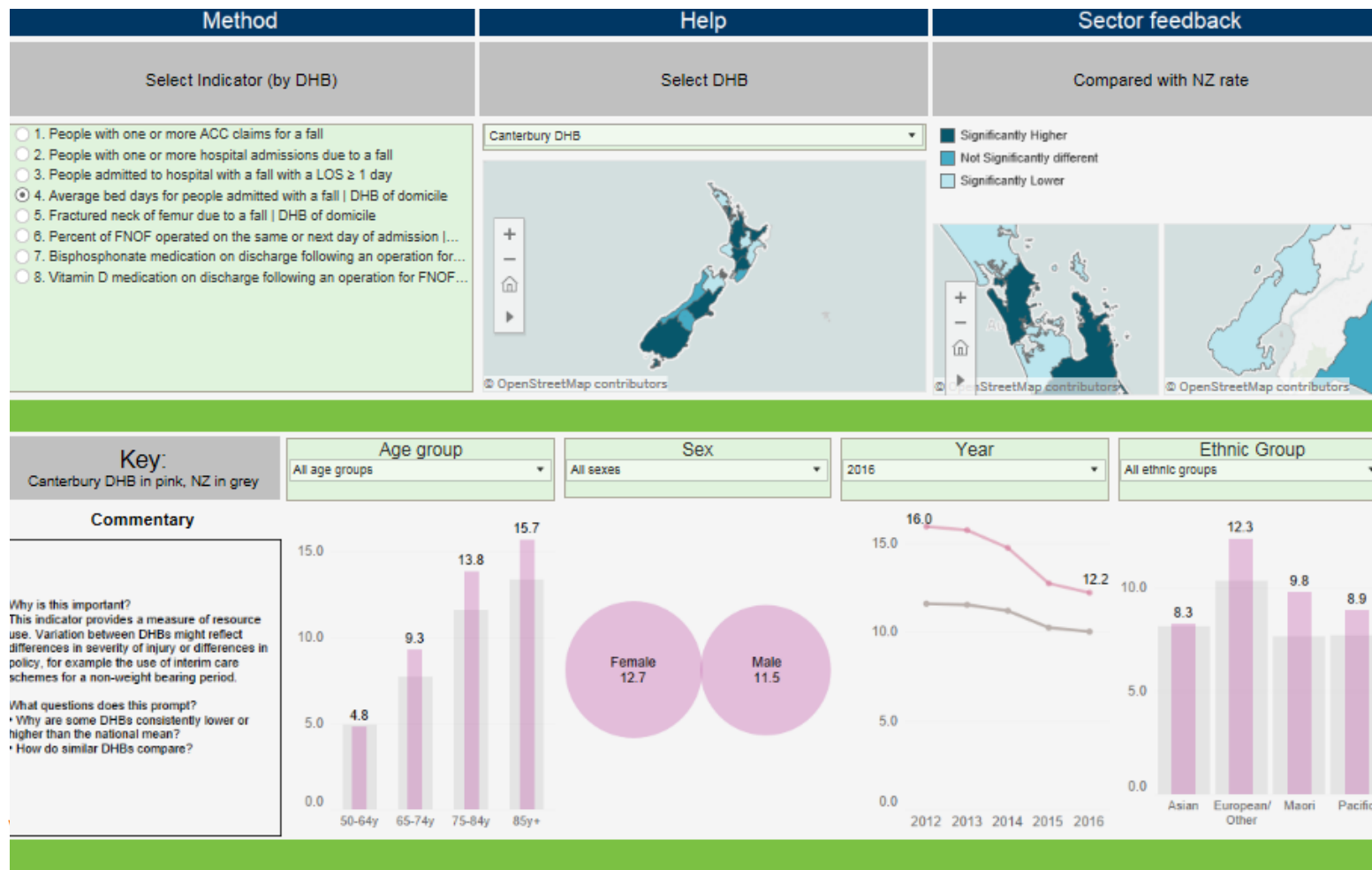
# Macro: system variation

- Variation as result of the system structure eg, primary care copayment is a barrier to access
- Variation by ethnicity and gender important as regional variation
- Reducing system variation requires system changes, eg addressing underlying social determinants of health to reduce rates of asthma admissions

# Highlighting difference by ethnicity as well as regional variation



# Meso: interactive dashboard with links to Atlas domains<sup>1</sup>



# Improving quality in primary care

- Developed audits linked to Atlas domains for primary care providers but usage patchy

Future:

- Ongoing work in the Commission to promote QI in primary care 'Whakakotahi'
- Variation analyses at the level of the practice
- Integrating available data
- Aligning with other agencies



Thank you: [catherine.gerard@hqsc.govt.nz](mailto:catherine.gerard@hqsc.govt.nz)

“  
*The future is already here  
— it's just not very evenly  
distributed.* ”

William Gibson, NPR





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