

Linkage of Tasmanian Health Data - a DHHS Perspective

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Overview

- The promise of data linkage
- The role of DHHS
- Research for policy impact
- Potential high value research areas
- Some limitations
- Means versus ends?
- What DHHS needs to do to maximise benefits
- What researchers can do to maximise benefits

Data Linkage for Health – the Promise

- Vast administrative datasets – with multiple data custodians...
- ...which by themselves allow only a narrow window on a limited slice of reality
- A fragmented and complex health system...
- ...which is crying out for improved service integration
- Data linkage therefore promises policy makers:
 - Deeper insight from a fuller picture of more of the underlying reality
 - Value for money – through utilising existing datasets more fully
 - The prospect that the integration of data is the first step to achieving integration of care and services

The Role of DHHS in Data Linkage Research

- Data Custodian
- Facilitator
- Champion
- General user of research
- Commissioner of specific research

Research for Policy Impact

- Or, why might I want to give you money to do research for us?
- Paradigm I:
 - Understanding health and health care needs
 - Understanding immediate policy concerns and challenges
 - Supporting longer-range planning and policy development
 - Health technology assessment
 - Project and program evaluation

Research for Policy Impact

- Or, why might I want to give you money to do research for us?
- Paradigm 2:
 - Because we don't know what to do
 - Because the Feds are making us do something, so we need to understand the least bad way to do it
 - Because we know what to do but vested interests don't want us to do it

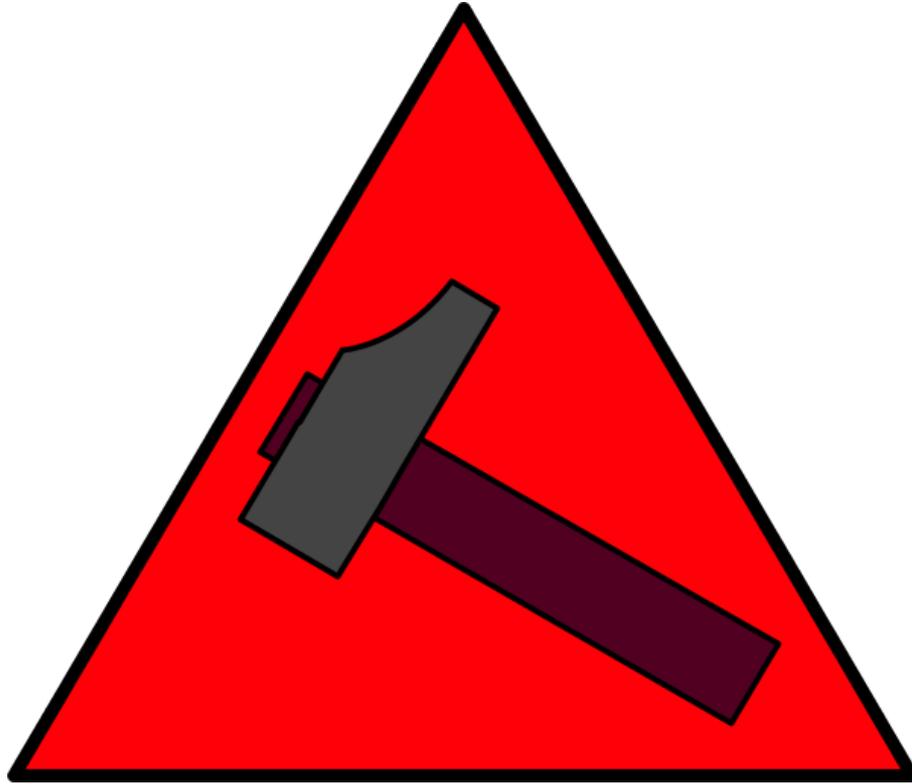
Potential High Value Research Areas

- Linkage of admin data with population health survey data
- Effective targeting of anticipatory care (especially for multiple chronic comorbidities)
- Comprehensive assessment of care pathways (e.g. MBS, PBS, public hospital, private) to support redesign
- Effectiveness and cost-effectiveness of coordinated care / integrated care initiatives
- Understanding harms, adverse events and iatrogenic illness; allowing clearer links to overtreatment and low value care

Some Limitations

- Real policy impact typically requires multidisciplinary approaches – no single method is usually sufficient to achieve change by itself
- The outputs of data linkage research may typically represent an intermediate output – that will then need to be used with modelling to help support policy decisions and change implementation
- Policy and planning generally requires *intervention* research (e.g. effectiveness, cost-effectiveness) to provide clear guidance on *what to do*, not just on the nature or scale of the health problem

Means versus Ends



Maximising Benefits - DHHS

- Be clear about the difference between data linkage *research* and data integration and sharing for *operational* purposes
- Organise and publicise our data holdings more clearly
- DHHS needs to articulate a clearer position on its priorities for research to support policy – both as a commissioner / funder and as a partner
- Work with our national and interstate partners to achieve the simplest and most effective regime for data sharing across jurisdictions
- Organise our limited, diffuse and siloed analytical capacity for best effect

Maximising Benefits – the Research Community

- Be willing to work with us to unpack complex policy problems into manageable questions
- Organise your powerful but diffuse and siloed analytical capacity for best effect
- Remember that full translation of your findings is likely to require interdisciplinary projects from the outset, addressing a number of aspects of any given problem
- Don't be the man with the hammer...data linkage is a powerful tool, but most good projects use more than one tool
- Please let us know about your findings, even if it wasn't us who paid for them!