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 1:
  – 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!