Ben Mol is up next on using knowledge-based medicine in women's health #RANZCOG19

Some of the questions to be touched on by Mol #RANZCOG19
Fascinating/alarming. 51% of commonly used treatments in the UK are of unknown effectiveness. Similar (55%) in Netherlands O&G. The elephant in the room, says Mol #RANZCOG19

Using a traffic light approach in women's health - @bwmol pilot study at @Monash-health Womens. Role of local practice, clinical guidelines, and primary evidence. 80% of decisions in line with guidelines, 60% in line with primary evidence #RANZCOG19
Amy Coopes @coopesdetat - Oct 14
Replying to @coopesdetat
How green, amber, red are we in ART? There are disparities in access to care. Most disadvantaged have least access says @bwmol #RANZCOG19

Amy Coopes @coopesdetat - Oct 14
Replying to @coopesdetat
Mol talking about IOL, ^ LSCS rates (now 30%), hysterectomy. Do these practices have a knowledge/evidence base, practice variations? What are the consequences of these procedures and do we talk about/acknowledge them? #RANZCOG19
Some food for thought from @bwmol. ^ interventions, practice variation, equity of access #RANZCOG19

Interim conclusion

• Each of the interventions discussed is justified and even necessary for many indications.
• There is a gradual increase of medical interventions (iatrogenic preterm birth, CS, IVF) in women’s health in Australia/New Zealand.
• There is considerable practice variation (including inequity) in Australia.
• Australia has higher intervention rates than New Zealand, and higher intervention rates than many other high-resourced settings elsewhere in the world.
Amy Coopes @coopesdetat · Oct 14
Replying to @coopesdetat
Mol talking about quality of various trials in O&G, including some that are 'just made up' (eg on sildenafil), presenting a series of very questionable papers and, once published, how difficult it is to walk these back #RANZCOG19

Amy Coopes @coopesdetat · Oct 14
Replying to @coopesdetat
Another tricky question is striking the balance between re-evaluation of current practices vs innovation #RANZCOG19

Amy Coopes @coopesdetat · Oct 14
Replying to @coopesdetat
How do we identify research priorities. Should include patient input as well as potential health gain, says Mol. Speaking about entering Era 3 in medicine, the moral era #RANZCOG19

Era 3 for Medicine and Health Care
In this Viewpoint, Berwick discusses 2 “eras” of the medical profession and offers changes that would ... jamanetwork.com

Amy Coopes @coopesdetat · Oct 14
Replying to @coopesdetat
The moral era in medicine. A call to arms from @bwmol #RANZCOG19
Era 3: The moral era

- Reject protectionism (era 1) and reductionism (era 2)
- Reduce Mandatory Measurement
- Stop Complex Individual Incentives
- Shift the Business Strategy From Revenue to Quality
- Give Up Professional Prerogative When It Hurts the Whole

“It’s my operating room time.” “I give the orders.”
“Only a doctor can....” “Only a nurse can....”
These habits and beliefs do harm.

Era 3: The moral era (cont’d)

- Use Improvement Science
  (Deming, process control chart, ‘plan-do-study-act’ cycles)
- Ensure Complete Transparency
- Protect Civility
- “Everything possible begins in civility”
- Hear the Voices of the People Served
- Reject Greed