

Evolve Strategy 2022 Consultation Summary

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Background

As part of a global movement, Evolve is a flagship initiative led by physicians and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand. Evolve is a founding member of [Choosing Wisely®](#) in Australia and New Zealand, with all [Evolve 'Top-Five' recommendations](#) part of the Choosing Wisely campaign.

Evolve is a partnership between the RACP and specialty societies. The movement provides a trusted process for each Specialty to remain up to date with the latest evidence. The development of [Evolve 'Top-Five' recommendations](#):

- Fellow-led, collaborative, evidence and consensus-based
- flexible – guided by agreed criteria, the process allows for adaptability in approach and pathways tailored to Specialties, and
- transparent.

Evolve aims to support physicians to safely and responsibly phase out low-value tests, treatments and procedures where appropriate, provide high-value care to patients based on evidence and expertise, and influence the best use of health resources, reducing wasted expenditure.

Introduction

The RACP has recently refreshed the Evolve Strategy for 2022-26. In June 2022 the draft strategy was circulated to all Divisions, Faculties and Chapters, Specialty Societies (DFaCs) and the College Policy & Advocacy Council through all the available College channels. We received 57 responses to the survey and 10 responses via email (questions and responses are indicated in detailed feedback below).

We thank everyone for taking the time to share their views so that Evolve can continue to grow and better enable our Fellows and Trainees to be leaders in high-value, high-quality care.

We received a lot of positive feedback and a lot of constructive criticisms. We value all feedback and are looking at how we can incorporate it in the implementation of the strategy to ensure Evolve is better meeting the needs of our members. This document provides a summary of the feedback received. The updated Strategy is also circulated alongside this document.

Evolve is a dynamic programme that will continue to change, so we are always interested in hearing your feedback. If you have any questions, comments or want to be more involved in Evolve, please email Evolve Program Lead, Miss Stephanie Wrightman at evolve@racp.edu.au.

Member feedback summary

We have received a lot of positive feedback about Evolve and the recent strategy. There is a strong need for Evolve and a number of people are keen to be more involved in progressing it.

“Good big picture thinking.”

Criticisms have generally fallen into the following categories. This feedback will help us strengthen Evolve and how we work with our members moving forward.

Category	Feedback	RACP Action
Inclusion of consumer language	Members seeking inclusion of consumer perspectives within the Evolve strategy and theory of change including patients and general practitioners.	Evolve aims to support physicians reducing low-value care and providing high-value care to patients based on evidence and expertise, and influence the best use of health resources, reducing wasted expenditure. Whilst we acknowledge consumer perspectives in Evolve, the focus is on how we can support physicians in influencing changes in interactions and communication with patients in order to address drivers of low-value care. We continue to consult with an RACP Consumer Advisory Group and work with Choosing Wisely to more directly engage consumers in Evolve activities.
Relevance & specificity	The strategy is mostly perceived as only relevant to Australia and general population groups. Some members are interested in the justification for the drivers of low-value care in the Evolve theory of change and more specific strategic activities.	The implementation plan will build up inclusion of and, where possible, collaboration from priority populations (including ageing, Aboriginal and Torres Strait Islander, Māori and Pasifika patients, children, rural and remote and others). This goal is reflected in one of the intermediate outcomes as ‘culturally safe and appropriate care’. We will continue to engage with the Specialty Societies to develop their Evolve recommendations that are

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		<p>suitable to their population groups and contexts.</p> <p>We acknowledge that evidence-based research for the drivers of low-value care is limited. We will be conducting a literature review and including a case for change along with the theory of change with our findings.</p> <p>Activities to address the drivers of low-value care will be mapped in the implementation plan for clarity of how we aim to address the drivers of low-value care.</p>
<p>Progress</p>	<p>Some members indicated an unclear level of progress of Evolve and seek clarity on how the implementation plan will measure Evolve's outcomes and how we can better utilise the recommendations in practice.</p>	<p>We acknowledge there have been challenges in implementing some aspects of Evolve.</p> <p>Evolve is a physician-led initiative and the College is looking at what else is needed to facilitate and support physicians to lead the wider implementation of Evolve and Evolve recommendations in their workplace and other clinical settings. We envisage that these will be led by members at the coalface and supported by College P&A staff through the development of collateral and other resources.</p> <p>We also know we need to do better at communicating how Evolve is progressing. We hope to engage widely with our members, supporting them to drive Evolve and opening more channels for communication and disseminating progress.</p> <p>We will be incorporating measures in evaluation of Evolve activities in the implementation plan 2022-27</p>
<p>Circumstantial considerations</p>	<p>Some members indicated the need to consider the relationship between high value care and the best quality care that may be</p>	<p>The Evolve recommendations are based on evidential research and we acknowledge that there are diverse demographics across healthcare access and provision and consequently exceptions to guidance.</p>

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	available in a variety of circumstances.	We will utilise and develop further case studies to support exceptions to the 'do's and don'ts' and consult with the Evolve Policy & Advocacy Interest Group, DFACs and Speciality Societies for reflection and, where relevant, incorporation of circumstantial considerations in renewal and new Evolve recommendations.
Framing	Some members fed back that the way we frame Evolve should be focused on high quality value care rather than low-value care.	<p>While Evolve recommendations belong to a broader category of guidelines on clinical quality, they are specifically aimed at enhancing quality by reducing the incidence of particular low-value practices, rather than being more prescriptive of what should be done. Hence the orientation towards a 'Do not do' or 'Do not do routinely' in the recommendations which may sound negative but also has benefits in terms of clarity and specificity. This is why a similar approach to framing recommendations has been adopted by Choosing Wisely and the UK NICE 'do not do' guidelines.</p> <p>We also know from other feedback and past list development efforts that it can be unclear what Evolve is aiming to do. So, we're cautious of changing the way we frame the Evolve aims of reducing low-value care at the risk of becoming more unclear about the scope of recommendations.</p> <p>We will, however, be using our communication channels and exploring other options as an opportunity to showcase the positive outcomes of Evolve.</p>
Legal challenges	It was identified that there is a need for determining how we can meet the challenge of legal risks and practitioner	Legal risks are a driver in the Evolve theory of change and we will be consulting with the Evolve Policy & Advocacy Interest Group for further

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	responses to this threat driving low-value care.	management methods to address this in the Evolve implementation plan.
Communication & engagement	Members want more frequent communication on Evolve, including expanded engagement with relevant groups beyond RACP members.	<p>We will be increasing our communication about Evolve through social media, e-bulletins, RACP newsletters and more.</p> <p>We will continue activities aimed at raising awareness of Evolve. We will also pilot new ways of engaging with members to target those who have not yet engaged with Evolve and working with members that are affiliated with external relevant groups to pave ways of raising awareness of Evolve externally.</p>

Evolve is a physician-led initiative and it is only through working with our members and seeking their feedback will we be able to make a difference.

Next steps

We will be progressing some initiatives from the previous Evolve strategy 2019-21 that have deferred into this strategy as a result of the COVID-19 pandemic. And we will be piloting some new approaches in rolling out the strategy that we hope will begin to address some of the feedback received. We will gather feedback along the way and make iterative changes to ensure Evolve is constantly working to better serve RACP members.

Acknowledging that we are currently working within limited resources, we are looking to target activities that may have the greatest impact to the greatest number of members no matter where they are in their journey of Evolve. It is important that the work of Evolve is led by our members to ensure it is fit for purpose and we will be working closely with the Evolve Policy & Advocacy Interest Group to ensure this is the case.

We will continue working with Fellows and Trainees to codevelop in further detail the implementation of the strategy based on the feedback provided so far. This will include co-development of specific deliverables but with a level of flexibility that would allow participating Fellows and Trainees to respond to and leverage ad hoc opportunities as they arise.

Some activities that we will be looking at include:

- Introduction of single-issue recommendations for areas where specialty groups do not have sufficient time to work with the College in the development of a list of 5 but where there are one or more clearly identifiable priorities in reducing low-value care. This will ensure Evolve maintains a level of evidence and rigour and does not exclude specialties which have not developed a full list of 5 recommendations.

- Provide support to Specialty Societies in the development of their Top-5 Evolve Recommendations and renewal of recommendations and clarify the process.
- Work with physicians to develop resources that is tailored to their healthcare setting and help them implement Evolve appropriately.
- Grow the Evolve Policy & Advocacy Interest Group and increase engagement with them. Regularly consult and partner with the Evolve Policy & Advocacy Interest Group in all stages of the delivery of Evolve.
- Make it easier for those who are not already bought into Evolve and the importance of reducing low-value care to be involved by actively targeting and creating accessible opportunities for them.
- Develop an Evolve engagement and education program that may comprise Evolve online courses and tools to educate physicians in training; support physicians in implementation of Evolve recommendations; utilisation of Evolve case studies with physicians and physicians in training; and engagement of Evolve in CPD and curriculum. Please note, this program will be gradually developed and built up in light of current limited resourcing.
- Develop and pilot an Evolve champions project for reducing low-value care which if successful can be rolled out across Australia and Aotearoa New Zealand.
- Develop an Evolve communication and dissemination plan for promotion of Evolve recommendations and resources within the College and externally.
- Conduct a literature review of low value care and the benefits of reducing low-value care for better quality outcomes for patients.

If you have any questions, comments or be more involved in Evolve, please email Stephanie Wrightman at evolve@racp.edu.au.

Detailed feedback

Evolve vision and member feedback

We asked members to provide their feedback on the Evolve strategy vision. We received 22 responses to this question and 68.18% voted for '*support without changes*'.

The strategy will remain with the current vision statement:

RACP Members are leaders in reducing low-value care for improved patient care and better use of resources in Australia and Aotearoa New Zealand

Evolve strategy recommendation development and renewal system member feedback

We asked members to provide their feedback on the recommendation development and revision of recommendations on low-value care practices and the recommendation development and renewal system. We received 22 responses of which 77.27% answered '*support without changes*'.

The Evolve implementation plan will incorporate strategic activities and include a case for change with supporting evidence to reduce low-value care. The strategy has been amended to include the development of an Evolve engagement and education program.

Additional suggestions included:

- Enhanced consideration of equity impacts in recommendations.
- Reviewing the strategy with a medical insurer for advice.
- Closer linkages to evidence base for the Evolve theory of change and strategy.
- Strategy is a good snapshot of Evolve, however is generally described and further details on the activities would be helpful for feedback.
- Development of an Evolve education program.

Recommendation development and renewal actions that the College, DFACs, Specialty Societies and members need to take to implement feedback

Feedback and comments received included:

- Conduct a Literature review of low-value care for research for greater evidence-based research.
- Consider forming a reference group to flesh out the Evolve implementation plan activities.
- Include project areas such as:
 - Investigations of processes for deprescribing of antibiotics as well as long-term medications such as statins and anticoagulants in patients approaching the end of life.
 - Education for acute care clinicians about deprescribing and avoidance of psychoactive medications, particularly haloperidol in delirium.
 - Raise awareness of “Could it be HIV” within the College and externally and consider embedding in the MOPS/CPD program requirements. “Could it be HIV” is an awareness campaign raised at encouraging HIV testing and hence excluding or detecting late HIV in low-risk populations where incidence of HIV may be >0.1% but is cost effective.
- Consider renewing recommendations considering equity impact, stewardship of resources and climate impact.
- Improve engagement of stakeholders involved in the development and application of Evolve recommendations, including Specialty Societies, to have regular reviews and update of recommendations, and monitor implementation of activities. For example, note IMPACCT which is a rapid program to evaluate interventions.
- Engage and implement Evolve in CPD activities and hospital departmental and research committees.
- Consider having webinars or short courses to demonstrate why certain types of care are low-value and the impact of on doing them and not doing them.

Evolve strategy education, dissemination, member support and implementation feedback

We asked members to provide their feedback on education, dissemination, member support and the implementation system and received 22 responses, of which 63.64% answered ‘*Support without changes*’.

Feedback and comments included:

- Consider how we engage and assess physicians in training in low-value practice in their specialty areas. This includes through exams, performing audits of a low-value practice in their own specialty areas, and having Evolve low-value care as a topic for physicians in training to present on, with incentives provided.
- Consider dissemination and engagement with other relevant Colleges.
- Implement Evolve in CPD and incentivise their involvement with CPD points.
- Collect and include more examples of success in reducing low-value care.

Evolve implementation plan education and dissemination member feedback

We asked members to provide feedback on what action (e.g., specific activities or projects) the College, DFACs, Specialty Societies and Members need to take to implement this element of the strategy and received 12 responses.

Comments included:

- Local Committee Education meetings led by presenter champions to workshop benefits and mainstream change.
- Consider appointing a "Lead Fellow" in every College group.
- Evolve-themed podcasts.
- Integrate Evolve into CPD and basic and advanced physician training curricula.
- Hold regular EVOLVE sessions in society annual scientific meetings and RACP Congress, have regular EVOLVE updates in RACP quarterly newsletters.

Evolve Strategy Monitoring and Evaluation

The RACP will be developing a monitoring and evaluation strategy with the goals of measuring engagement and impact and improving Evolve activities to better serve members. The RACP also supports place-based evaluation for members undertaking quality improvement projects. We will work with the Evolve Policy & Advocacy Interest Group to understand what resources or tools would help members conduct audits and evaluations.

Evolve strategy monitoring and evaluation member feedback

We asked members to provide their feedback on the strategy monitoring and evaluation stream and received 20 responses, of which 75% answered '*Support without changes*'.

Feedback included:

- Incorporate specific outcome measures.
- Consider monitoring of Evolve member engagement to track engagement.
- Consider how to engage non RACP physicians on EVOLVE, and how to raise the awareness externally to the College.
- Sponsor quality improvement projects where possible.
- Consider monitoring the extent of low-value practices, this could be achieved through practice audits.

Evolve implementation plan monitoring and evaluation member feedback

We asked members to provide their feedback on the implementation plan monitoring and evaluation and what actions the College, DFACs, Specialty Societies and Members need to take to implement this element of the strategy and received 12 responses.

Feedback and comments received included:

- Consider working with Medicare to determine potential approaches to positive changes in physicians' behaviour.
- Develop a monitoring tool for evaluation of process and impacts.

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- Consider strong linkage with CPD program, using CPD to equip clinicians with audit and evaluation tools and treating it as a high value exercise for CPD points purposes.
- Clinical Pharmacology has a significant role to play in development, implementation and evaluation of Evolve strategies.
- Consider developing an addition to the implementation strategy for the delivery of Evolve activities and resources to rural and remote areas.
- Quality improvement processes might involve collecting data on dangers and costs of overtreatment, particularly in relation to therapeutics.
- Requirement that practice-based audits and quality improvement projects require a minimum number of points in MyCPD program.

Looking Forward

Thank you to all Divisions, Faculties and Chapters, Specialty Societies (DFaCs) and the College Policy & Advocacy Council members for your valuable feedback that has informed the updated Evolve Strategy and draft Implementation Plan 2022-26.

This consultation summary, Evolve Strategy and draft Implementation Plan 2022-26 are being circulated for a second-round consultation to all DFaCs and the College Policy & Advocacy Council members with responses for submission by end November 2022.

Responses from the second-round of consultation will inform the final Evolve Strategy Implementation Plan 2022-26 which will be sent for approval by the College Policy & Advocacy Council.