

Better Data – the benefits to the profession and the public

The Medical Council today released a discussion paper on the value of performance and outcome data, and how such data promotes the competence of doctors.

The discussion paper follows a recent ruling by Ombudsman and former Health and Disability Commissioner, Professor Ron Paterson, that a District Health Board (DHB) should release surgeon-specific case data. This was in response to a journalist seeking information under the Official Information Act.

The Council is aware of further requests of a similar nature from various media to a number of DHBs.

Mr Andrew Connolly, the Council's Chairman, says the fundamental question that needs to be asked is, 'What is the value of accurate performance and outcome data?'

'It is important to examine the arguments for making more performance and outcome data publicly available, particularly where it relates to individual clinicians. It needs to serve more than just a 'right to know' purpose.'

Done well, Mr Connolly believes publicly available data would reassure the public, encourage better engagement in decision-making around service provision, and help informed choice because local outcome figures will be available.

'We need to keep in mind that the populations of our DHB patients are not all the same and neither will the data be.

'Because of this the Council believes the profession and stakeholders should determine the nature and context of data to be considered in relation to quality improvement, performance appraisal, and recertification (also known as continuing professional development (CPD)).

'We are firmly of the view that quality must be a foundation of any review or critique of personal performance. Quality can only be confidently known if it is accurately measured. Once measured, it must also be put in context,' says Mr Connolly.

'Council sees enormous potential benefit for improved recertification of doctors via an improved knowledge of performance within the workplace.'

Context is critical – for example, if a surgeon's 30 day mortality rate after elective bowel cancer surgery was 10 percent that surgeon would likely be very concerned, but if in fact the surgeon specialised purely in the high risk, significantly co-morbid type of cases which have benchmarked mortality rate of 20 percent the public (as well as the surgeon and the hospital) would likely be reassured that the surgeon was providing a competent service.

Mr Connolly says, 'Patient comorbidities (co existing disorders or diseases) are crucial patient outcomes.

‘There are reliable, validated information systems in which patient factors can be entered and a risk prediction made in relation to a number of variables including the risk of various complications, loss of independence, and even death.

‘The major advantage of such risk prediction systems is the doctor and the patient can talk about specific risks relevant to the individual patient.’

If actual outcomes are consistently better than predicted then the risk secondary to the patient’s existing health is being mitigated by quality from both the clinician and facility. This may be the type of data the public would find of benefit rather than a simple league table of the incidence of complications or outcomes in the hands of a particular clinician.

‘The harsh reality is that some treatments carry a very high complication rates even in the very best of hands, for example, surgery to remove a cancer of the head of the pancreas gland.

‘Unfortunately simply releasing numerical data may in fact be harmful if it paints an inaccurate and distorted picture of performance and patient outcomes.’

Mr Connolly says the Council is of the opinion that qualitative data, on issues such as the risk of losing independence after a particular treatment, or the potential benefits in terms of gaining quality of life should be central to any debate about the value of data.

‘These outcomes, after all, are often the central themes patients should be informed of prior to making a decision about their health and treatment options.

‘For doctors, qualitative outcome and performance data will allow them to reflect on their own performance as well as plan for their on-going learning.

‘Gathered accurately, used correctly and explained well, qualitative data down to individual clinician level could be of considerable benefit to clinicians, administrators, regulators and the public.’

Mr Connolly says the Council is looking for feedback on its discussion paper from the profession, stakeholder and public. Feedback may be emailed to Mr Connolly at chair@mcnz.org.nz.

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