

NHMRC Centre of Research Excellence in Patient Safety

Public Reporting of Health Care Data

Hon. Dr Michael Armitage

Australian Health Insurance Association 2008



AHIA Position

- PHI – a force for positive change in the health system
- Consumers want health funds to monitor the quality of care in private hospitals
- IPSOS Survey: 65% of privately insured people approve of funds monitoring the quality of care in private hospitals
- **Transparency drives quality and safety**



What the experts say!

- “Even if patients do not use reports directly, they may still receive higher quality care indirectly if such reports prompt global change in hospital practice or oblige hospitals to limit the services they provide to those they deliver well.” *(Ian A Scott and Michael Ward; MJA; 184 : 571-575)*
- “We argue that, independent of considerations of patient choice, the arguments for both safety and accountability strongly justify public reporting of outcomes. The legitimate public interest in healthcare quality makes it very difficult to argue against the public release of performance data.” *(Oakley, Clarke, Neil MJA 2004; 181: 266-268)*

Performance Measurement

- Performance measurement in health care is not a new endeavour!
- “By the middle of the 19th century, Florence Nightingale was collecting mortality data and infection rates for the principal hospitals in England during the Crimean War.”

(Dr Jerod M. Loeb; International Journal for Quality in Health Care 2004; Vo 16.)

- **Collection and reporting processes evolve but we should use the best available information and act on it!**
- Concern: “Beware of data if it isn’t complete”
- BAD data



Oldest Human Remains

- **1974 - Anthropologist Prof Donald Johanson discovers Lucy; 3 million years old**

The fossilised remains were discovered in the remote, desert-like Afar region in northeastern Ethiopia

- **2003 - World's oldest human remains unearthed in Ethiopia**

ADDIS ABABA, 12 June - The world's oldest human remains, unearthed in Africa, may finally solve the puzzle of the origins of man...the 160,000-year-old fossils, the oldest ever Homo sapiens...appear to prove that the continent was the cradle of humanity, scientists said.

"This is the definitive answer to whether humans evolved from Africa," archeologist Dr Berhane Asfaw told a news conference in Addis Ababa.

"We are waiting to be proved wrong," he said.



Oldest Human Remains

- **2004 - Little lady of Flores forces rethink of human evolution**

A new human-like species – a dwarfed relative who lived just 18,000 years ago in the company of pygmy elephants and giant lizards – has been discovered in Indonesia.

- **2005 - Oldest known humans just got older**

“Modern humans made their appearance 35,000 years earlier than we previously thought. According to new dates for two fossils found in Ethiopia almost 40 years ago, we have been around for 195,000 years. The skulls were discovered along the Omo River in 1967 by anthropologist Richard Leakey and his team and were originally thought to be 130,000 years old.

“The fossilised skeleton of a four million-year-old human ancestor able to walk on two legs could provide clues as to how humans' upright walk evolved. The remains, found in north-east Ethiopia, are the oldest yet discovered of an upright hominid, scientists told a press conference in Addis Ababa, Ethiopia, on Saturday.” (New Scientist)



The UK Experience – it Worked!

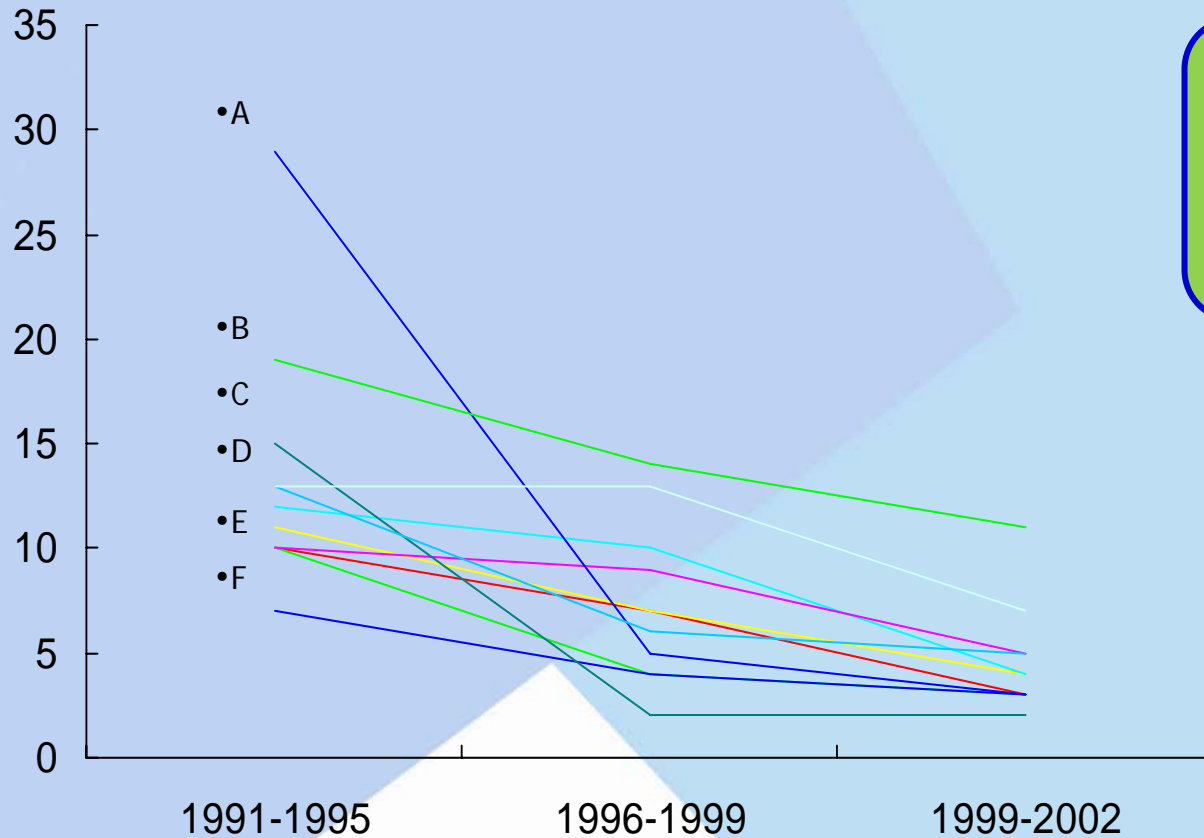
- Bristol Royal Infirmary Inquiry Report
- Mortality rates for surgical procedures in the Bristol paediatric cardiac unit had gone unchecked from 1984-1995
- Self monitoring failed
- Public reporting of mortality rates for open heart procedures in children under 1 in the UK changed outcomes.

PUBLICATION OF DATA

Mortality rate for open heart procedures in children under 1 in UK since data began to be published

Percent

Individual hospital trusts



Sentinel effects rather than primary changes in consumer decision making been major driver of change

BREAST CANCER -

A question

July 2006?

March 2007?



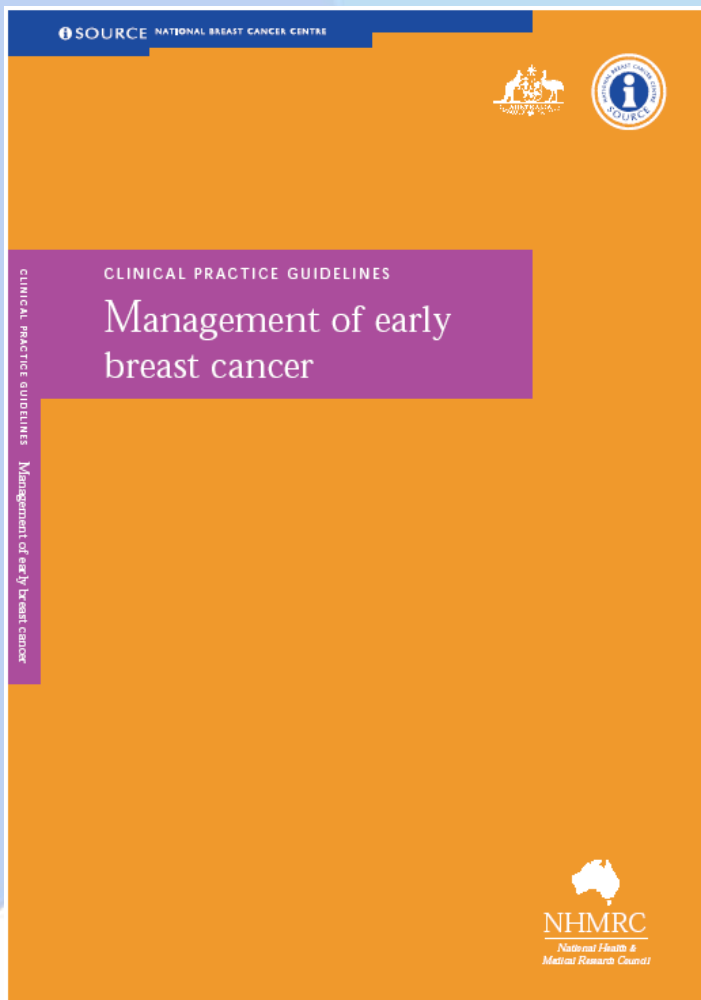
National Breast & Ovarian Cancer Centre

Principles:

- **Innovative and Outcomes-Oriented**
NBOCC will stay at the forefront of innovation by trialing, evaluating and fostering new approaches to improving care and responding to challenges in clinical, research and health service environments.
- **Informed By Consumers**
NBOCC will ensure that its work is informed by, and responsive to, consumer needs.
- **Evidence-Based**
All aspects of NBOCC's work will be informed by, and based on, the best available evidence.



Clinical Practice Guidelines



NBCC – July 2006

NATIONAL BREAST CANCER CENTRE
incorporating the Ovarian Cancer Program

JULY 2006 | Incorporates published evidence to May 2005

RECOMMENDATIONS FOR

Aromatase inhibitors as adjuvant endocrine therapy

for post-menopausal women with hormone receptor-positive early breast cancer

A CLINICAL PRACTICE GUIDELINE DEVELOPED BY THE NATIONAL BREAST CANCER CENTRE (NBCC)

This document supplements guideline recommendation 19 about the use of tamoxifen for the management of post-menopausal women with hormone receptor-positive early breast cancer contained in the NBCC *Clinical Practice Guidelines for the Management of Early Breast Cancer*, 2nd edition, 2001 (page 9).¹



NBCC – March 2007



**NATIONAL
BREAST CANCER CENTRE**
Incorporating the Ovarian Cancer Program

MARCH 2007 | Incorporates published evidence to November 2006

RECOMMENDATIONS FOR USE OF

Trastuzumab (Herceptin®)

for the treatment of HER2-positive breast cancer

A CLINICAL PRACTICE GUIDELINE DEVELOPED BY THE NATIONAL BREAST CANCER CENTRE (NBCC)

This document supplements guideline recommendations on systemic adjuvant therapy, contained in the NBCC *Clinical Practice Guidelines for the Management of Early Breast Cancer*, 2nd edition, 2001;¹ and guideline recommendations on the management of metastatic disease, contained in the NBCC *Clinical Practice Guidelines for the Management of Advanced Breast Cancer*, 2nd edition, 2001.²



Quality and Safety: Guidelines

- AHIA focusing on improving quality and safety:
 - promoting the use of clinically agreed guidelines
 - Percentage of people with CHF treated according to Guidelines in Australia
- AHIA keen to publish data relating to individual hospitals at a national level:
 - enable the analysis of hospital performance
 - production of information tables for consumers and hospitals relating to individual hospital performance
- YOU get this data already. Why not “Consumers”??
- The provision of information in the public domain will:
 - enhance patient transparency and choice
 - ultimately improve in-hospital patient outcomes

Quality and Safety - MRSA

- Unified standards of reporting should be put in place across public and private sectors - e.g. MRSA
- WA only State where all MRSA infections are notifiable
 - the lowest prevalence of the MRSA infection
- Infections occur in 10% of acute admissions and 50-80% are preventable
- 400 people or more die each year
- Would you be satisfied going in to a Hospital which had (say) 150 cases of MRSA in the last 12 months?
- Would you want to know this information????



QUALITY AND SAFETY

A FUNDER PERSPECTIVE

- Consumer “good”
- Costs

Hip Replacement

with and without INFECTION

- WHO SHOULD PAY???
- John F. Kennedy

“The Rising Tide lifts ALL boats”



Reporting Health Care Data: Obstacles

- Working with Government to provide transparent information for consumers relating to:
 - Performance in Private Hospitals
 - Public Hospitals enjoined
 - Hospital League Tables
- Health Provider Concerns
 - Risk Adjustment
- National Privacy Principles
 - Information available to Health Funds cannot be provided to consumers



Clinical Risk Adjustment

- All stakeholders understand need for information to be clinically risk adjusted
- Avoid providers saying “only tackle the hardest cases”
- AHIA embarked on process of Risk Adjustment with Australian academics
- We have good evidence that provider performance can be clinically risk adjusted

National Privacy Principles

- NPPs prevent use of Government identifiers to aggregate information on individual hospitals.
 - changing Privacy Legislation to allow for the publication of provider results for both public and private providers
- **Next steps.....**
 - Continue academic research
 - Federal Government to amend the Privacy Law

