Achieving Transparency – bright lights or blunt instruments? A Multidisciplinary approach to ensuring clinician competence

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Declaration

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- Views expressed are personal and not representative of the views or policies of any of these organisations.

It was a perfect operation, just the recovery was unexpectedly complicated….

- We (should) increasingly function in a multidisciplinary team environment
  - But how do we assure competence and reassure the community if there are multiple factors in play?
- We should see professional competence and public confidence are part of the same spectrum

Death isn’t everything

- What do patients and their families want?
  - Answers to their questions and achieving Outcomes that are relevant and important to them, mainly by avoiding the bad things:
- Bad things include, but not limited to:
  - Death
  - Disability
  - Failure to cure the curable
  - Loss of independence
- Relevance and importance of these will vary with age and stage of life
- Important for clinicians to be able to answer these questions based on their practice and their work environment

It is complicated

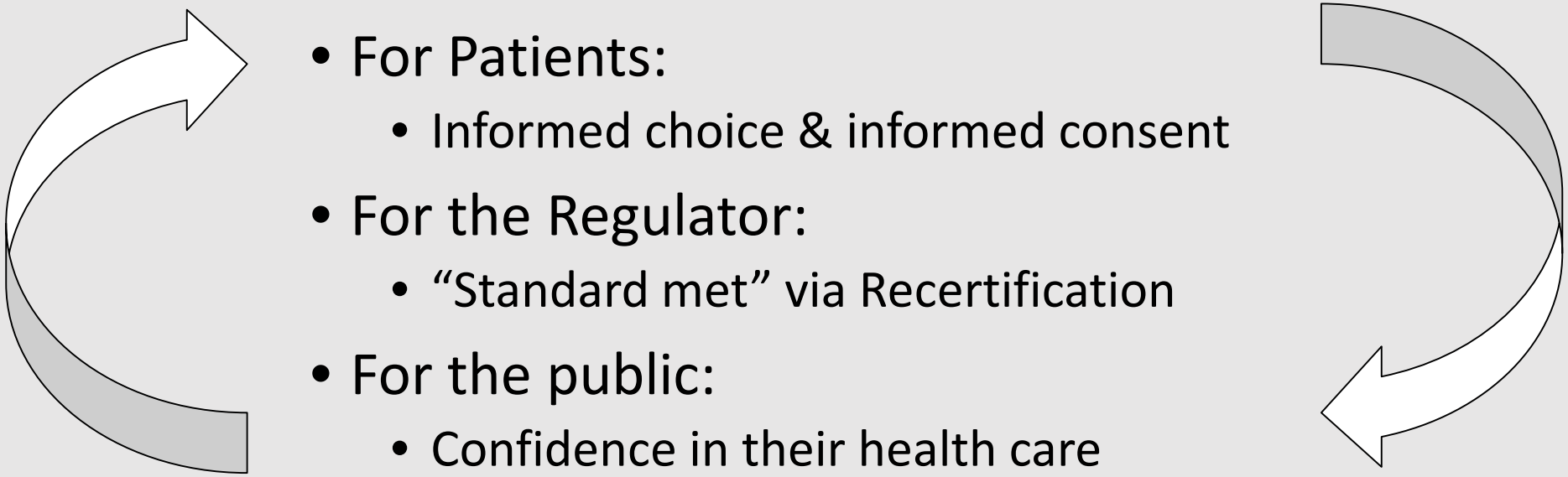
- Outcomes rarely achieved in isolation
  - Good or bad
- Team based approach to care 24/7
  - Who is responsible for the outcomes?
- Complexity and context
  - Highly relevant to outcome
- Patient choice especially about end of life
  - Death is not always a complication
  - Mortality focus may mask other serious patient safety issues

What makes for quality in a service?

- Impact of the whole care environment
  - Not just technical competence of any one individual
- Reflection on data by each clinician, peer review
- Ability to work within a clinical network
  - Able to refer “tertiary” cases to a tertiary centre
- The ability to give patients the right information for them to make the best decision

- This is an area of crucial importance in era of generalist and subspecialist care

Role of knowing outcomes



- For doctors:
  - Clinical performance & learning
- For Patients:
  - Informed choice & informed consent
- For the Regulator:
  - “Standard met” via Recertification
- For the public:
  - Confidence in their health care
- For the Ministry and the providers:
  - Informed decision-making regarding service design & delivery

Accountability & transparency in a Multidisciplinary world

- Functioning in a multidisciplinary team does not hide or negate individual responsibilities and accountabilities
- Key to clinician competency and accountability is defining roles and responsibilities within the Team
  - We do this now – was the supervision, delegation and decision-making by “Dr X” acceptable?
  - Was the performance of a doctor under the supervision of Dr X appropriate?
- Not a major problem for any Regulator in regard to any individual clinician, but is a challenge for the monitoring of a system
- The challenge is around the issue of transparency and meaningful reporting within this environment

Exploring & reporting outcomes in the “new environment”

- Death rates may only tell a little of the competence story
  - Elective surgical mortality in some specialties vanishingly rare
  - Poor performance can lead to bad living…
- Outcomes need to be across areas of relevance
  - To clinicians and patients
- Knowledge of outcomes will allow for identification of areas for improvement
  - Can explore role of individuals within those outcomes
  - Can explore system improvements
- We should see quality improvement and public reassurance as part of the same continuum
- Reporting can be at various levels

How is Bowel Cancer cured?

- Outcome depends on:
  - Stage at diagnosis
    - Timeliness of referral from Primary Care
    - Grading of referral by secondary care
    - Access to diagnostics and staging
    - Effectiveness of any screening programme
  - Decision-making pre-operatively
  - Availability of neo-adjuvant therapies
  - Surgery & peri—operative care
    - Anesthesia, Surgery, nursing, ICU, Allied health, RMOs, etc.
  - Pathology analysis
  - Decision-making post-resection
  - Availability of adjuvant therapies
  - Follow-up strategies and performance

What therefore reassures the public?

- Doctors all made good decisions & all performed well
  - GP, surgeon, gastroenterologist, radiologist, pathologist, radiation & medical oncologists, anaesthetist, intensivist, rehabilitation, palliative care
- Nurses & Allied Health delivered good care
  - Clinic, theatre, ward
- Collective processes worked
  - Case discussed at MDM pre and post-op
  - Information on outcomes allowed patient to make informed choice
  - Depending on complexity, case may be referred to Tertiary setting
  - Operative & ICU resources appropriate
- System constructed & resourced to allow for success within accepted & agreed timeframes

What to report if it is to inform the public?

- Reporting only the *presumed* surgeon-related outcomes is not good enough
- For the public:
  - Given multiple people and steps, how to report?
    - By Service
    - By Geographic site
    - By Individual
  - Roles for various organisations:
    - Regulators, HDC, ACC, HQSC, MOH, DHBs, Private providers, Colleges, Societies, individuals
- Recertification caters for all doctors involved & similar processes exist for nursing – can report “standard met”
  - But only at generic vocational level, not by disease process
- But does reporting of activity tell the whole story?
  - Long-term survival and functional outcomes may be of equal or greater importance
  - What is not done?

A possible reporting template for bowel cancer within a service?

Issue	Response
Local service treats this condition?	Yes but not if requires liver or lung resection
Regular MDM for case discussion?	Yes
All clinicians involved in care actively participate in Recertification / peer review?	Yes
Long-term outcomes known?	For survival and recurrence
Total number of cases treated per annum?	Report either N or “high” vol.
Tertiary links established?	For liver or lung resection, resection of pelvic recurrence
Mortality within predicted range?	Yes for all clinicians treating this cancer
Major complications within predicted range?	Yes for surgical, not known for chemotherapy (details would be provided by tertiary oncology service)
Radiotherapy and chemotherapy access?	Via regional Tertiary service

And for the surgeon?

Issue	Response
Within credentialed framework?	Yes but not if requires liver or lung resection
Discusses his/her cases at MDM?	Yes (? Report %)
Mortality rate within predicted range?	Yes
Long-term outcomes known?	Yes for survival, recurrence, loss of independence
Major complications within predicted range?	Yes
Actively engaged in peer review of outcomes for this condition?	Yes
Achieved MCNZ recertification requirements?	Yes

- Can apply similar matrix to the other clinicians

Equity and reporting

- Generic reporting of activity and outcomes will not address inequity
- Also need to know what is **not** seen or **not** done
- Role for separating / reporting data by ethnicity
- Need to review outcomes in light of ethnicity, economic circumstances, geography
  - Are there issues of institutional racism?
  - Are there barriers to the patient receiving the right care?

Conclusions

- We increasingly function in an Multidisciplinary environment
- Essential to therefore assess / maintain competence within that environment and framework
- Need to focus on data that informs patients and improves care
- Quality improvement and patient/public reassurance are a continuum
- A focus on individual clinicians may not be adequate in all settings
- Need clear evidence of the benefit of what is reported

Where to from here?

- Reporting of isolated outcomes for one part of the care process is a blunt instrument
  - Anything can be transparent if it's thin enough
- Multidisciplinary environment should improve outcomes
  - Need meaningful analysis of outcomes in each centre, benchmarked
  - Changes to Recertification of doctors should enhance quality
- Atlases of variation need to raise questions and generate answers
- Patients must have answers to the questions that influence their choices and decisions
- How to present this data remains a challenge