

NHS Breaks Barriers: Public Reporting of Individual Physician Outcomes

In recent decades, England's National Health Service (NHS) has been plagued by string of scandals involving negligent care, including highly publicized cases of malpractice at the Mid-Staffordshire Trust and the Bristol Royal Infirmary. Overall confidence in the health care system was beginning to fall. Public inquiries inevitably followed, and a new approach to quality and safety was demanded.

Five years later, the NHS is publicly reporting outcomes at the individual physician level, an initiative unprecedented in a field that has globally resisted such transparency. The Healthcare Quality Improvement Partnership (HQIP), working with the Royal College of Surgeons of England, managed the release of the first national reports detailing care results from individual consultants across nine surgical specialties and one medical specialty last summer – the first publication of its kind in the world. A second Consultant Outcomes Publication followed in September 2014, with three more surgical specialties. These sweeping reports are a welcome milestone in the United Kingdom's move towards accountability in health care.

"The failings related to the Bristol and Mid-Staffordshire inquiries had eroded public trust in the NHS, which needed to be rebuilt through transparent and granular reporting," explained Rebecca Cosgriff, Project Manager for HQIP's Consultant Outcomes Publication. This was part of a wider international initiative involving the declaration of all government-owned data freely available to the public.

Clinical audit was pioneered by the British as early as the days of Florence Nightingale, and fortunately, a series of rigorous national audits were already in place by the time U.K. scandals took place. However, they clearly weren't having the desired impact on quality of care. Thus, in 2012, the NHS selected ten audits for open-access publication that would include complete data on the number of procedures carried out by consultants in England, as well as the survival rates of their patients. Valuable data, then, had been steadily collected, but questions remained over what specific information should be published and how it should be presented. What would practicing physicians be comfortable divulging and how many would be willing to participate? Would pursuing outcomes data alienate physicians? Would the data paint an accurate picture about quality of care?

One of the greatest barriers to universal outcomes reporting in health care is physician culture: many doctors are uneasy about publicly reporting the results of their care, citing poor data quality and weak risk-adjustment algorithms.

A large-scale project such as the Consultant Outcomes Publication requires large-scale collaboration. To dispel doubts, HQIP has a project team and an independent advisory group to work closely with specialist societies across the nation, one society for each of the ten specialty audits publishing results.

For the first publication in 2013, HQIP asked consultants for explicit consent to publish the outcomes of their care, thus giving consultants the chance to voice their concerns about the project and HQIP teams the chance to respond to these concerns. Throughout the data collection process, HQIP organized open forums for clinicians to share views and ideas and corresponded openly about progress on the project with medical directors, communications staff and audit teams.

Over 90 percent of the consultants contacted responded, and 99 percent of those consented to reporting of their outcomes data. Moreover, the vast majority of consultants surveyed wholeheartedly supported the idea of a nationwide Consultant Outcomes Publication. Those who hesitated did so due to anxiety over the quality and proposed presentation of the data and timescale of the project, not the initiative itself. Professor Danny Keenan, Medical Director of HQIP and Consultant Cardiac Surgeon, suggested that UK clinicians chose to be involved largely because they were keen to have a hand in producing

outcomes reports that were accurate representations of their practice, and that were constructive rather than destructive. "Without our involvement in this inevitable process, the data may be presented in ways that are not helpful," Keenan said. "With our involvement, this can be developed scientifically and presented usefully."

Most clinicians recognized, too, how patients could benefit from transparency of information. Releasing results for each individual physician also provides more precise feedback for how each can improve the care they give. Indeed, Keenan has found that through the process of reporting individual outcomes, clinicians review their own practices with a view to improving them. "Several colleagues decided to review their surgical methods when they saw that their outcomes were poor," he said. "Should it have taken a public release of results to stop them from doing surgery?"

Auditing and open publication of outcomes data unequivocally give rise to higher quality care for patients. In the UK, it took dangerous failings in the health care system to turn the wheels on a nationwide initiative for transparent outcomes measurement. Following the first unofficial cardiac surgery publication of consultant outcomes in 2005, vast improvement in mortality rates has been seen. The HQIP initiative is expected to drive improvement across the other involved specialties.

But other health care institutions around the world should take note: why delay until serious, systemic problems emerge to push for large-scale results reporting? Transparency in health care needs to happen now.