

Regulation is pushing the independent healthcare sector to collect and publish more data on outcomes than ever before but the use of outcomes data has the power to do much for those providers who choose to go beyond the minimum requirements, argues CEO of My Clinical Outcomes **Tim Williams**

Revitalising the sector with outcomes analytics

In 1918, the Boston surgeon Dr Ernest Codman wrote that hospital managers ‘do not consider it their duty to see that good results are obtained in the treatment of their patients’.

His view was: ‘Every hospital should follow every patient it treats, long enough to determine whether or not the treatment has been successful, and then to inquire, ‘if not, why not’’.

A hundred years on, things have improved. A bit.

Clinical registries now capture the procedures and implants used in common operations, including how long they last, enabling those patients to be contacted should an issue be identified (eg the National Joint Registry and the Breast and Cosmetic Surgery Registry). And evidence-based medicine, that is the use of evidence from robust clinical research to guide clinical decision-making, has become the mainstay of modern medical practice.

However, persistent barriers have limited progress.

While hospitals are now very good at measuring and managing processes of care such as waiting times and length of stay, and the success in avoiding unintended harm such as infections or mortality rates, they fall down on collating analysis of the actual results of care from the perspective of the people that really matter – the patients. And importantly, they fall further on sharing this data with the patients themselves.

It is these outcomes that, in the words of the International Consortium of Health Outcomes Measurement (ICHOM), are ‘the results people care about most when seeking treatment, including functional improvement and the ability to live normal, productive lives’.

The future is transparent

The travel, finance, retail, and leisure industries have very recently and very

quickly become highly consumer-oriented and data-driven. Patients too are increasingly behaving as engaged consumers of healthcare. They are demanding better information to help them make more informed choices, including where to get treatment, which clinicians to consult, and what treatments are most appropriate based on their needs and the actual results of other patients.

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Being able to interrogate robust outcomes data not only benefits patients but also referring doctors and insurers.

In spite of the benefits, and the progress that has been made, the regulators have now stepped in to drive the changes through. The CQC has recently published its review of UK private hospitals and found that 30% required improvement. It highlighted, in particular, the need for improvements in data transparency. The whole sector is already responding to requirements set by the Competition and Markets Authority (CMA) to publish Patient-Reported Outcome Measures (PROMs) data, among other measures through the Private Healthcare Information Network (PHIN).

PROMs are condition-specific and clinically-sensitive assessments that quantify the impact of a condition on a patient’s life at a point in time. Traditionally, a successful surgery is judged by successful completion and an uncomplicated discharge. By submitting pre-operative and post-operative PROMs data to PHIN, the relative benefit of surgery, as reported by patients themselves, can be assessed and analysed, with comparative results published online.

The initial set of procedures mandated includes hip and knee replacement, cataract surgery, and several cosmetic procedures, with more in the pipeline. While there was understandably a mixed initial response to the new requirements a number of hospitals, including Spire Healthcare, now have established processes in place, and publication of clinician-level outcomes data through PHIN is due to begin this summer.

Data driven opportunity

However, the use of outcomes data has the potential to be more transformative for those hospitals that choose to go further than just meeting minimum reporting requirements.

Using digital technology, such as the ‘My Clinical Outcomes’ web-platform, enables data to be gathered cost-effectively throughout the full care pathway as well as pre- and post-operatively. This means that as well as ensuring compliance with PHIN, outcomes data can be tracked remotely over the long-term to inform the timing of further consultations and interventions, ensure that follow-up care is tailored to the patient’s needs and that individual benefits are sustained.

With data collected digitally rather than by traditional pen-and-paper processes, senior clinicians and management can access outcomes analytics dynamically to identify unwarranted variation in timeliness of intervention (eg surgery being done too early or late), health gain (vari-

ation in average reported clinical benefit for similar patient groups) or sustainability of outcome (how long the benefit lasts).

Vital analytics

Being able to access outcomes data will change the way patients make choices about their health and make accessing world-class healthcare easier. Clinicians will be better able to differentiate themselves from colleagues in a competitive market. Providers are already starting to move the needle on quality between hospitals, procedures and clinicians to ensure that published data appropriately reflect the quality of their services. While in the near future, private medical insurers and self-paying patients are going to have increasing confidence that they are getting the best value-for-money available.

The global market for health data analytics, driven by outcomes-based approaches to care, is already \$7.4bn (in 2016) and is expected grow to \$24.5bn by 2021 (CAGR 27.1%). Meanwhile, value-based healthcare – the pursuit of the best outcomes at the lowest cost – was recently cited by nearly half of health executives surveyed by Lazard's investment bank as the most significantly impactful industry change in the next five to ten years.

As healthcare organisations around the world are now agreeing and adopting standards for outcomes measurement, such as those produced by ICHOM, there is the further opportunity to benchmark and learn from the best in the world. Ultimately, it is the providers that embrace these developments that will thrive; outcomes data will be used to market and differentiate on quality and value to win on reputation and market share - a shift that will undoubtedly help to revitalise UK private healthcare in the interests of the patients it serves.

Dr Tim Williams is CEO of MCO, www.myclinicaloutcomes.com, the digital PROMs platform. A former doctor and healthcare management consultant, he founded MCO in 2011 to help bridge the gap in patient-centred data available to inform clinical care and is committed to the need for cost-effective digital technology to improve healthcare effectiveness and efficiency. MCO is a technology affiliate of ICHOM and is accredited by PHIN.

