Publishing Vascular Surgeons’ Mortality Results In The Public Press Can Be A Disaster For The Surgeon And Bad For Patient Care: The UK Experience

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Disclosures
- Endologix: Proctor, training and speaker
- Medtronic: Research and speaker
- Abbott: Speaker

The Kennedy Enquiry

Kennedy: Recommendations
- Patient involvement in decisions about care
- NHS root out unsafe practices
- Appraisal and revalidation of all doctors
- Doctors more accountable
- Openness about clinical performance

Kennedy: Recommendations
- Cardiac surgeons began publishing individual outcomes

UK Vascular Society: Unit Outcomes and Quality Improvement

AAA Overall Mortality 2013: 1.4%
OR 2.9%, EVAR 0.6%
Reduced from 7.4%
CEA Stroke/death 2.1%
Time to surgery from >40 days to 13 days
Background: NHS ‘Everyone Counts’

- Annual publication of surgeon level outcomes across 10 specialities mandated
- Commenced 2013
- Focus on early mortality only
- Based on cardiac surgery model
- Elective infra-renal AAA and CEA

AAA In-Hospital Mortality (2013)

(Mis)-Interpretation of Data

- Example 1
  - 212 AAA Repair (166 Open)
  - Mortality 4%
  - Individual surgeon: 10 OR/1 EVAR
    - 2 deaths
    - 11.8% mortality
- Example 2:
  - 16 OR, 5 deaths
  - Mortality 31x ‘30x higher mortality’
Problems With Surgeon Level Data

- Inaccurate interpretation
  - Comparison to a national average
- Irresponsible media
- Accuracy of data
- Appropriate risk adjustment
- Statistical Issues
  - Chance of ‘false positives’

NVR: www.vsqip.org.uk

2014: ‘Patients were "five times more likely to die" under surgeon's knife’

- "SHOCKING figures revealing a stroke doctor to have some of the worst death statistics in the country are ‘alarming’, according to an MP”
- “Patients treated by a vascular surgeon… were five times more likely to die in comparison to the national average after undergoing a carotid endarterectomy’
Effect: Risk Aversion?

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Conclusion

- Outcomes publication CAN drive improvement
- Patients do need to know what is going on
- Surgeon level data is open to mis-interpretation
- Must be interpreted alongside team data
- It may lead to risk aversion and deprive patients of intervention
- Politics will dictate it is here to stay in UK
- Focus on other measures that matter to patients,

‘A poor outcome does not necessarily equate to bad practice’

Letter to the Editor, The Times 26th November 2013