Public Reporting of Outcomes

History

- 1991: NY Released Hospital CABG Outcomes (PA; MA; CA)
- 1992: NY Released Surgeon CABG Outcomes
- 2003: UK Mandated Reporting Hospital Cardiac Surgery Outcomes
- 2013: England 1st Country to Mandate Reporting Surgeon Outcomes: 9 Specialties

Financial Disclosure

I Have No Financial Relationships to Disclose

Bruce A. Perler, MD, MBA

DEBATE:

Public Reporting Of Individual Vascular Surgeons and Other Vascular Specialists is a Good Thing For Patients

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‘Yelpification’ of healthcare

August 27, 2016

Patients are increasingly likely to use Yelp to rate their care experience and pick a provider, but not all providers have welcomed the influx of anonymous online reviews with open arms.

More and more patients today are turning to Yelp to rate their care experience and pick a provider, but not all providers have welcomed the influx of anonymous online reviews with open arms.

Some hospitals have even launched their own versions of Yelp as a way to provide feedback directly to patients. Others have used Yelp to promote their own online reviews, while still others have blocked access to the site altogether.

According to the New England Journal of Medicine, “Yelp reviews are generally correlated with hospital volume.”

They’re getting mixed reviews for their policies, however. Some doctors say they’re not worth the risk of losing patients. Others argue that they’re helping patients make informed decisions.

It’s hard to say yet which approach is best. But one thing is clear: Yelp is here to stay, and it’s only going to get more popular as patients turn to the internet to find the care they need.
Our New Reality of Public Reporting: Shame Rather Than Blame?
Susan D. McKenney-Bruce, MD, PhD, Michelle C. Nguyen, MD, James E. Fante, MD, and Stephen F. Hamby, MD, FRCS


Public Reporting Of Individual Vascular Surgeons and Other Vascular Specialists is a Good Thing For Patients
Physicians and surgeons need to be at the table

Are We As A Specialty Going To Take Control and Ensure That Publicly Reported Data is Accurate and Fair


Public Reporting Of Outcomes
CRITICISMS

Will Not Improve Outcomes
Risk Aversion
Loss of Market Share
Outcomes Not Solely Surgeon-Dependent: Failure to Rescue


Reporting Hospital Outcomes Improves Outcomes
Experimental Study: Obstetrics

Health Affairs, 2015

Reporting Hospital Outcomes Improves Outcomes

Health Affairs, 2016

Reporting Hospital Outcomes Improves Outcomes
NY Cardiac Surgery: 1989-1992
Risk-Adjusted Mortality Declined 41% in NY
Most Rapid Decline in Mortality of States with Below Ave Mortality

Health Affairs, 2002

Reporting Surgeon Outcomes: No Risk Aversion
University of Leicester
Ann R Coll Surg Engl, 2017

Health Affairs, 2002

National Vascular Registry Centers: 85 Years: 2008 - 2013

Health Affairs, 2002
National Vascular Registry
Centers: 45
Years: 2008 - 2013

# Repairs Per Time Period

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Number per unit per year (mean)</th>
<th>Number per unit per year (median)</th>
<th>Mortality**</th>
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<tbody>
<tr>
<td>2008-2009</td>
<td>114.0 (439)</td>
<td>114.0 (439)</td>
<td>2.2%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>154.5 (480)</td>
<td>154.5 (480)</td>
<td>2.3%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>156.5 (548)</td>
<td>156.5 (548)</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Ann R Coll Surg Engl, 2017

Reporting Hospital Outcomes: No Risk Aversion

NY Residents: Out of State CABGs

1989: 14.3%
1992: 11.3%

Risk Aversion

Risk Aversion Can Be Beneficial to Patients if it Shifts Complex Cases to More Experienced Surgeons

Failure to Rescue

Statement on Principles Underlying Perioperative Responsibility

5. The surgeon is responsible for the postoperative care of the patient. This responsibility includes personal participation in and direction of postoperative care, including the management of postoperative complications.

Public Reporting

SUMMARY

- Here to Stay: We Must Embrace
- Identify Meaningful Outcome Measures
- Optimize the Validity of the Data
- Develop Link to Quality Improvement

In addition to referring physicians, patients for whom a carotid revascularization procedure has been recommended, either CEA or carotid artery stenting (CAS), also have an interest in knowing the track record of their hospital or individual surgeon.

Conclusions: The quality of information available to patients in the USA contemplating a carotid revascularization procedure is improving. Considering the volume of these procedures, greater transparency with regard to outcomes is desirable. Reduction of carotid procedure variation as used in the UK would be considered.
national audit programmes are acknowledged to have improved patient care.