Vascular Surgeon Level Reporting: 
*Bad For Patients, Society and Specialists*

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President-Elect, Vascular Society of GB & Ireland

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**Disclosures**

No disclosures

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The ‘Bristol Scandal’ and Kennedy Enquiry

- ‘The patient at the centre of everything the NHS does’
- ‘Openness and transparency in everything the NHS does’
- Quality guided by standards, with compliance monitored regularly

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NHS Response: *Everyone Counts*

- ‘More choice, transparency and information’
- Publication of surgeon level outcomes mandated in 2013
- Focus on early mortality
- Based on cardiac surgery model
- Vascular: elective AAA and CEA
St George's Healthcare NHS Foundation Trust
Vascular specialists working at St George's Healthcare NHS Foundation Trust perform vascular surgery at St George's Hospital.

<table>
<thead>
<tr>
<th>Elective Intra-Brachial-Artery-Removal</th>
<th>No. of procedures</th>
<th>% of procedures</th>
<th>Adjusted contrast dose</th>
<th>Length of stay (days)</th>
<th>No. of procedures in normal condition</th>
</tr>
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AAA Mortality Report 2013

AAA Mortality Report 2013: Bad For Surgeons
The surgeons whose patients were up to 30 times likelier to die: NHS to publish death rates of doctors for the first time

- The figures will be released today on the NHS Choices website
- Its publication could be halted by legal challenges from some hospitals
- Fears that figures could stop surgeons operating on those most at risk

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

AAA Mortality Report: Problems

- Low Volumes
- Confidence intervals

AAA Adjusted Outcomes By Surgeon

- Bad For The Society

Surgeon performance data 'misses the mark'

St Roger Taylor
Potential Effects of Publication

- Denial of intervention to high risk patient
- Stifling of innovation
- ‘Gaming’
  - Up-coding of comorbidity or symptoms
  - Selective data submission
- Appropriate avoidance of futile interventions
- Better match of high risk patient to capable provider

Risk Aversion in US: Bad For The Patients

- US Health Care Financing Administration forced to disclose NY SSMD
  - Operative risk profile dropped
  - 62% of cardiac surgeons admit to refusing patient CABG
  - 59% of cardiologists described difficulty in referring patients
  - 63% of cardiac surgeons ‘likely to refuse to see high risk case’

Risk Aversion in UK?

- Outcomes publication
- 20% reduction in CEA
- 7% reduction in AAA

AAA Activity: OR/EVAR

<table>
<thead>
<tr>
<th>Year</th>
<th>EVAR</th>
<th>Open</th>
<th>Total</th>
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<tbody>
<tr>
<td>2011</td>
<td>2982</td>
<td>1493</td>
<td>4475</td>
</tr>
<tr>
<td>2012</td>
<td>2976</td>
<td>1426</td>
<td>4402</td>
</tr>
<tr>
<td>2013</td>
<td>3062</td>
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<td>4374</td>
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<tr>
<td>2015</td>
<td>3087</td>
<td>1093</td>
<td>4179</td>
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</tbody>
</table>

- 4% increase in EVAR
- 27% reduction in OR

Finally: The Effect of Surgeon Outcomes Publication in UK

- No change in outcomes from AAA or CEA
- No change in LOS or waiting times
- No infrastructure benefit
  - Equipment
  - Staffing
  - Teamconsistency

Conclusions

- Surgeon level data publication is political and misleading
- Can be bad for the patient, the surgeon and the Societies
- Unit/team outcomes are far more valuable
- Need more appropriate risk adjustment models
- Focus on outcomes other than early mortality