

# Outcome Registries

Our private sector journey along the registry road...



Karen Patching, National Registry Coordinator. March 2018



Improving Guideline compliance in Australia with National Outcomes Registries

#### COORDINATION

Limited national coordination of patient outcome data across private sectors

#### **DATA CAPTURE**

Patient follow up is under resourced and lacks centralized guidance systems

#### **RESOURCES**

- National resources aren't optimally leveraged to enable efficient and adequately powered data capture
- Fragmented research community, silos working hard, the right intent, and ultimately the same vision, but underpowered as mutually exclusive entities

#### **BENCHMARKING**

• Benchmarking of clinical outcomes is ad hoc, site/state-based and highly biased due non-standardized governance and fragmented resource allocation

#### LOCAL RELEVANCE

• Australia's diversity poses unique challenges in translating global performance indicators reflecting clinical variations and patient outcomes into our own "real world" clinical setting relevant to our population

#### **EVIDENCE-BASED**

• Evidence-based medicine is increasingly important – ethically, medicolegally, government health resource allocation and private insurance entities

#### **GOVERNANCE**

• Bureaucratic governance can impede efficiency, particularly when poorly coordinated across multiple governance groups involved in a single investigation project

#### **QUALITY**

• Ultimately, it's uncertain whether Australians are provided cardiac care that exceeds / meets / or is suboptimal when compared to global standard







Improving Guideline compliance in Australia with National Outcomes Registries

Objective

IMPROVE PATIENT
OUTCOMES

Status

## UNDERSTAND CHALLENGES

COORDINATION

**DATA CAPTURE** 

**RESOURCES** 

**BENCHMARKING** 

LOCAL RELEVANC

**EVIDENCE-BASED** 

**GOVERNANCE** 

**QUALITY** 

#### COORDINATED

National outcome data captured to centralized system

#### **100% DATA CAPTURE**

Significantly powered data generation

#### **COLLABORATION**

- Optimal resource allocation [human & financial] to maximise benefit across our nation
- Funding allocation targeted to national "greater good" via collaborative approach to improving patient outcomes

#### **BENCHMARKED**

• National care and clinical outcomes with quality assurance capabilities

#### NATIONAL PERFORMANCE INDICATORS

Reflecting Australia's unique clinical variations, risk-adjusted, consumer-centric and "real world"

#### **CLINICAL GUIDANCE PRODUCED**

• Founded on thorough clinical research integrated with global best practice and understanding of the specific needs of Australian physicians and patients

#### STREAMLINED GOVERNANCE

Maximise efficiency without compromising ethical standards and QUALITY ASSURANCE





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OPTIMISE
EVIDENCE-BASED
HEALTHCARE

Status

UNDERSTAND CHALLENGES

COORDINATION

**DATA CAPTURE** 

**RESOURCES** 

**BENCHMARKING** 

LOCAL RELEVANC

**EVIDENCE-BASED** 

**GOVERNANCE** 

**QUALITY** 

Objective

IMPROVE PATIENT
OUTCOMES

COORDINATED

**100% DATA CAPTURE** 

**COLLABORATION** 

**BENCHMARKED** 

NATIONAL PERFORMANCE

**INDICATORS** 

**CLINICAL GUIDANCE PRODUCED** 

STREAMLINED GOVERNANCE

**QUAITY ASSURANCE** 

#### NATIONAL CINICAL GOVERNANCE

- Establish a Centre of Excellence for clinical benchmarking
- Leverage strength of Australia's research network
- Streamlined bureaucratic requirements

#### **ELECTRONIC MEDICAL RECORD linkage to REGISTRY**

- Coordinated national patient outcome data captured to central system
- Implement systems to reduce barriers to 100% data capture
- Streamlined database interrogation

#### NATIONAL RESOURCE ALLOCATION JUSTIFICATION

- Government Health
- Private Health Insurers
- Industry Partnerships
- Charitable donations

#### **QUALITY ASSURANCE INDICATORS**

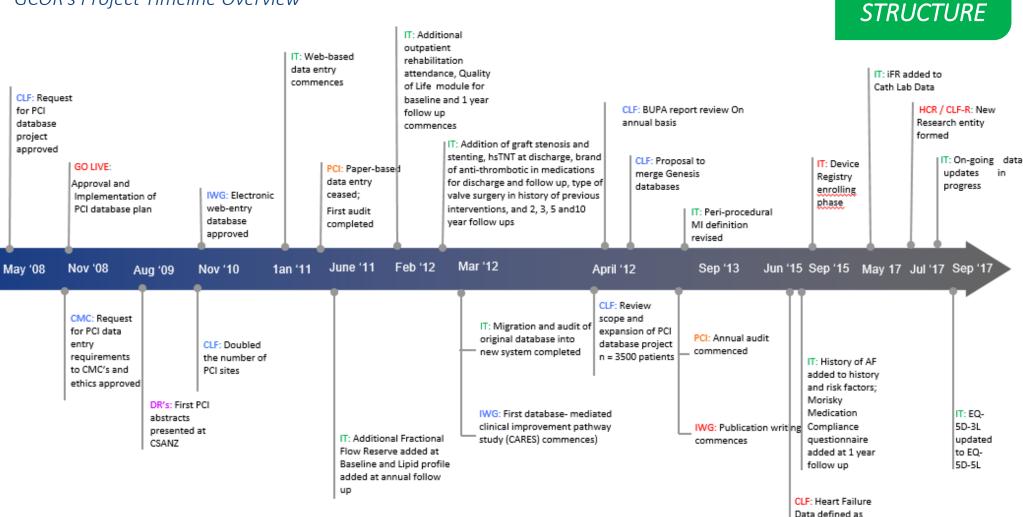
- Report Guideline Therapy adherence & justification
- Assess & investigate trends deviating from Guideline recommendations





### From Humble Beginnings...

GCOR's Project Timeline Overview







part of HF initiative

Strategy

**NATIONAL** 

## From Humble Beginnings...

GCOR's expansion throughout the subspecialties



## PCI Registry:

Creating the BluePrint

- Commenced data collection 1 November 2008
- ~150+ data points
- Publications to date:
  - ~30 national and international papers & presentations
  - Published in Heart Lung and Circulation, 6
     January 2017

PCI database provided the blueprint for HC to evaluate & improve patient care.

Now being implemented into other areas of HC cardiology:

### **Echocardiography**

Commenced ~2013

#### **Device Registry**

Commenced 1 September 2015

- ~75 data points
- Publications
  - First national paper and presentation

#### **Heart Failure**

In Development

#### **Atrial Fibrillation**

Watch this space!





### First things first...

GCOR's National Clinical Governance

Strategy
NATIONAL
CLINICAL
GOVERNANCE

HeartCare Research Organisational Chart

Doctor Roles... Research Director National Team

Executive Manager
Chief Medical Officer
National Research Manager
National Research Governance Coordinator
National Outcomes Registry Coordinator
National Research Administration Assistant

HeartCare Research Institute (HCRI)

Clinical
Management
Committee (CMC)

Clinical Leaders Forum (CLF)

#### State-Based Practices

#### Adelaide Cardiology

- Lead Clinical Research Coordinator
- Clinical Research Coordinators
- Clinical Research Assistants

## HeartCare Partners

- Lead Clinical Research Coordinator
- Clinical Research Coordinators
- Clinical Research Assistants

#### HeartCare Victoria

- Lead Clinical Research Coordinator
- Clinical Research Coordinators
- Clinical Research Assistants

## HeartCare Western Aus

- Lead Clinical Research Coordinator
- Clinical Research
   Coordinators
- Clinical Research Assistants

#### Bundaberg Cardiology

- Lead Clinical Research Coordinator
- Clinical Research Coordinators
- Clinical Research Assistants





Innovating Healthcare. Transforming Livege 7

### First things first...

GCOR's National Clinical Governance, Guiding Principles & Quality Assurance

### Strategy NATIONAL CLINICAL GOVERNANCE

#### International

- World Medical Association Declaration of Helsinki
- European and American Cardiology Guidelines

#### **National**

- Operating Principles and Technical Standards for Australian Clinical Registries 2010 (Australian Commission on Safety and Quality in Healthcare (ACSQH))
- National Statement on Ethical Conduct in Human Research (2007)
- National Health and Medical Research Council (NHMRC)
- Guidelines Under Section 95 of the Privacy Act 1988

#### Local

- Human Research Ethics Committee Approval
- Patient Information Sheet opt-out consent
- Standardized Data Definitions universal clinical guidelines
- Annual data audit, PCI since 2012; Device since 2017
- CLF-R [Clinical Leaders Forum Research]
  - Industry reports
    - BUPA (PCI, Device)
  - 6 monthly reports
    - Summarizing clinical indicators
    - Providing feedback
- Coordinators Manual
- Annual national research team face-to-face meeting
- Annual face-to-face local team support
- Quarterly research team TELCO's
- Team support available through mixed media 24/7







### Leveraging latest technology...

Electronic Medical Record Linkage to Registries

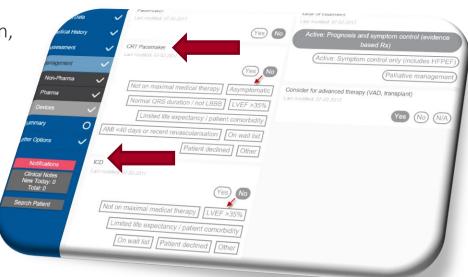
#### **ELECTRONIC MEDICAL RECORD linkage to REGISTRY**

- Coordinated national patient outcome data captured to central system
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- Streamlined database interrogation

#### What's been done so far...

- Web-based data entry evolving since Jan-Apr 2011
- Evolving data and definitions review
- Designation of registry roles i.e. data entry, administration, data base servicing
- Data entry support coordinators manual, induction and regular communication with users
- Baseline data entry & FU's real-time data collection
  - 30 day
  - 1 year
  - 2 year
  - 3 year
  - 5 year
  - 10 year
- Professional links:
  - Monash Clinical Data Management Services
  - Industry partnerships e.g. BUPA



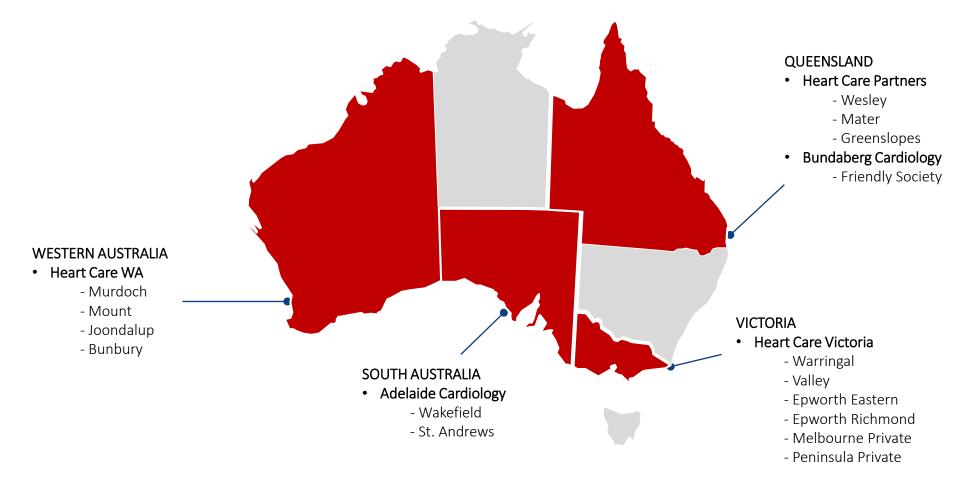






## Leveraging National Strengths...

Leveraging national research network across 16 Cath Lab Sites Genesis Heart Private Hospital Partnerships Strategy
Leverage
National
Strength

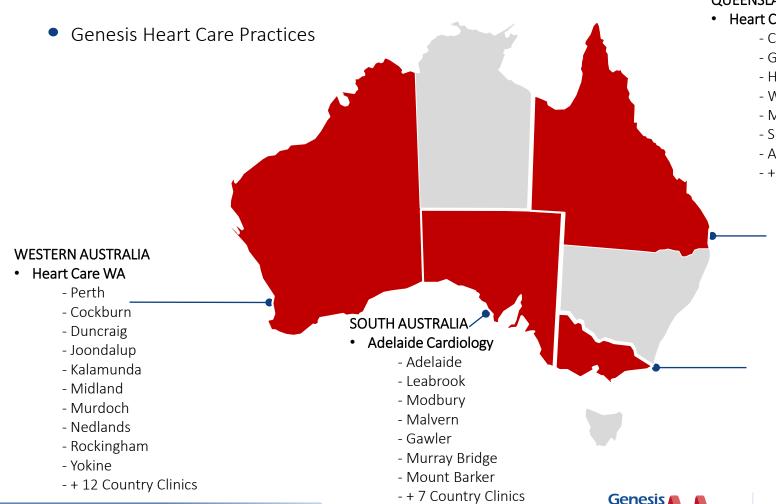




## Leveraging National Strengths...

Leveraging national research network across Consulting Suite Locations

Strategy
Leverage
National
Strength



#### QUEENSLAND

- Heart Care Partners
  - Clayfield
  - Greenslopes
  - Hervey Bay
  - Woolloongabba
  - Mount Ommaney
  - Sunshine Coast
  - Auchenflower
  - + 14 Visiting Clinics

#### **VICTORIA**

- · Heart Care Victoria
  - Balwyn
  - Berwick
  - Bundoora
  - Doncaster East
  - Fast Melbourne
  - Heidelberg
  - Lilydale
  - Langwarrin
  - Mulgrave
  - Packenham
  - Parkville
  - Whittlesea

## Streamlining Data Collection...

On-Site Research Nurses

Strategy
Streamlined
Systems
Reducing Barriers

**Pre-Procedure** 

Post -Procedure (Baseline Data) 30 Day Follow-up

Annual Follow-up

(1- 10yrs)

Patient Identification

Ensure patient has received PIS + QoL

Review all source records

Send QoL & Morisky to patient

(1 year follow up only)

Site Log

Commence eCRF

Patient contact (phone call)

Complete baseline

& 30 day follow up eCRF

Patient contact (phone call)

PIS + QoL provided to

Document pending information in site log

Calculate follow up due in site log

Review all source records

Complete annual follow up eCRF

Calculate follow up due in site log

patient Calculate follow up due in site log

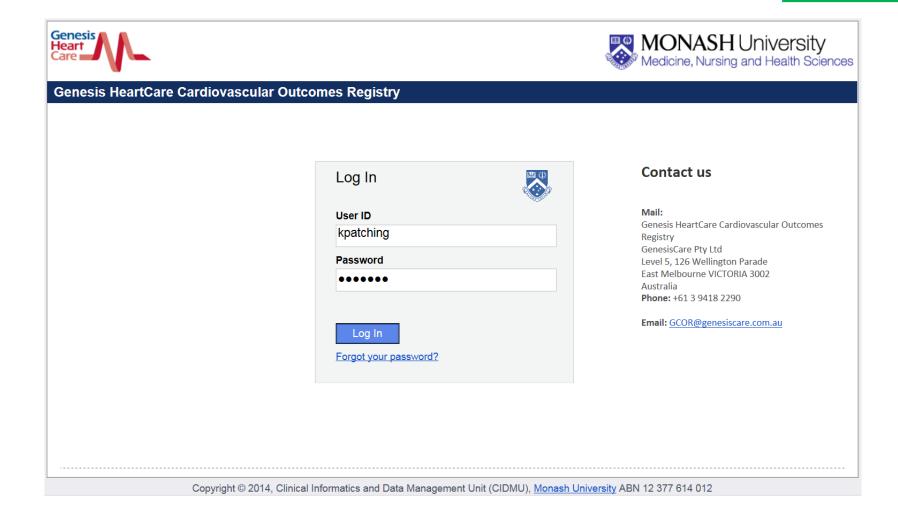




## Streamlining Data Collection...

eCRF - Electronic Case Report Form

Strategy
Streamlined
Systems
Reducing Barriers



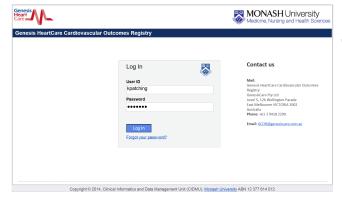




## Streamlining Data Collection...

**EMR** – Electronic Medical Records

Strategy
Streamlined
Systems
Reducing Barriers



Cardiac Overview Risk Factors (Adult) Risk Factors (Paediatric) HealthTools		
Coronary Artery Disease  CABG PCI ACS (Unstable angina, Non STEMI, STEMI) Stable angina Non Obstructive CAD Elevated CCS (if none of the above)		
Heart Failure  L.V. dysfunction (HF Reduced ejection fraction - HFREF)  Preserved ejection fraction (HFpEF)		
<ul> <li>ICD implanted</li> <li>Atrial Fibrillation (any)</li> <li>Previous TIA / stroke</li> <li>Peripheral Vascular Disease (claudication, carotid disease, TIA)</li> <li>□ Diabetes</li> </ul>		
☐ Hypertension (on treatment)         ☐ Active smoking (within the last 6 weeks)       Unverify         ☐ Dyslipidaemia (on treatment)       Verify         ☐ OSA (diagnosed on sleep study)       Verify		



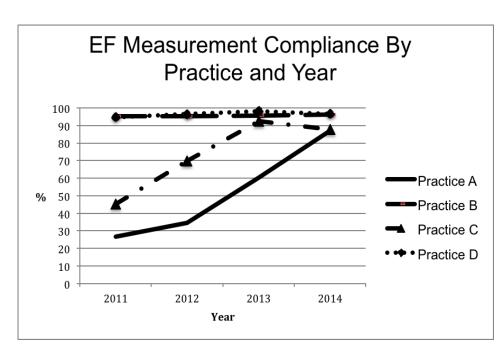


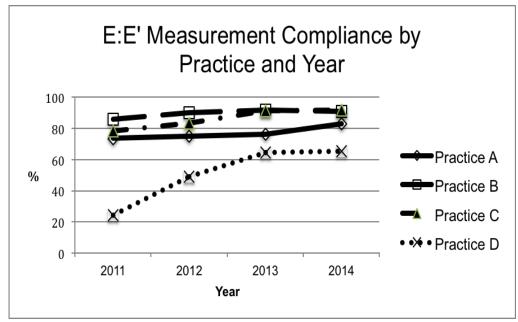
## Are we achieving our objectives?

A snapshot of GCOR outcomes so far...



### Outcomes - Echocardiography Data Base









## Are we achieving our objectives?

A snapshot of GCOR outcomes so far...

#### Outcomes - PCI Data Base



#### Information for Medical Practitioners

The Genesis HeartCare Clinical Leaders Forum (CLF) is a national committee that acts as an advisory group to approve the network's clinical standards, quality and safety. As part of their commitment to evidence-based clinical practice they have implemented the Genesis Care Percutaneous Coronary Interventional (PCI) database.

The PCI database captures details of PCI procedures to enable a better understanding of patient conditions, care choices and expected treatment results. Bupa has been a partner in the development and maintenance of Genesis HeartCare's PCI database that has over 7,000 patients enrolled and 5,394 patients who have completed a 12-month follow up.



#### PCI Database **Outcome Results**

Genesis HeartCare has recently finalised the evaluation & analysis of the December 2014 data. Highlights include:

Improved health outcomes

Health outcomes post PCI are extremely good, with low rates of bleeding, stroke, peri-procedural myocardial infarction and mortality. Survival post-discharge remains excellent overall and mortality in the 12 months post discharge is low at 0.29%.

 In-hospital mortality rates are lower

The rate of in-hospital mortality was 0.27% in December 2014 compared with 0.31% in December 2012. This rate has fallen slightly and continues to compare favourably with the largest international database, the US National Cardiovascular Data Registry (NCDR)'s in-hospital mortality  Decreased unplanned cardiac re-admissions

> The number of unplanned or emergency re-admissions due to a cardiac cause continues to fall steadily. The incidence at 30 days was 2.66% in December 2014 compared to 3,21% in December 2012. The incidence at 12 months has also fallen to 8.76% in December 2014 from 9.99% in December 2012.

 Continued adherence to evidence-based treatment

Statin use has increased slightly at discharge - 93.82% in December 2014 compared with 93.75% in December 2013. The proportion of patients not receiving any cholesterol lowering medication has also reduced from 4.36% in December 2012 to 3.67% in December 2014. Compliance with guideline-based therapies remains high at baseline and at 12 months.

Anti-platelet therapy rates remains high at 99.04% and 94.25% at baseline and 12 months respectively.

Genesis HeartCare's PCI database has over 7.000

Lower in-hospital mortality rates

Decreased un-planned cardiac readmissions

Evidence-based treatment adherence







## Are we achieving our objectives?

A snapshot of GCOR outcomes so far...

Outcomes - PCI Data Base

*IMPROVE* **PATIENT OUTCOMES** 

Objective

#### The Prevalence of Risk Factors

Known risk factors that Genesis HeartCare's p.

treatment with PCI procedures were coll	
LIFESTYLE	Patients at baseline BMI above 40
	Patients at baseline BMI above 30
BIOMEDICAL	LDL-C <2.0mmol/L
	Blood Pressure <13 at baseline
	Patients with diabe
	Patients with diabe lifestyle measures a
	Patients with diabe predominantly with
	Patients with insulindiabetes
Please note the	fall in smoking rates o
CATEGORY	HEALTH B PARAMETER

LIFESTYLE

Is GCOR meeting objectives to date?

- COORDINATED
- 100% DATA CAPTURE
- **COLLABORATION**
- STREAMLINED GOVERNANCE
- ✓ QUAITY ASSURANCE
- **BENCHMARKED**
- NATIONAL PERFORMANCE INDICATORS
- ☐ CLINICAL GUIDANCE PRODUCED







Male smokers at

Female smokers

baseline

### The road ahead

A snapshot of challenges on the horizon...

#### Resourcing appropriately and balancing with busy private practices Team structure

- Job descriptions & CPD (multi task roles with various backgrounds)
- Levels of supervision (across states)

#### **Data consistency**

- Changes to definitions & additional data requests
  - Real-time
  - Retrospective
- Source documentation
  - Inconsistency in location of data (hospital MR, HeartCare electronic records or verbal from patient)
  - Site log inconsistency across states
  - Double entry of data as our EMR and Registry are separate platforms
- Differences in site data collection method
  - Direct eCRF entry is preferred
  - Paper based data collection with secondary eCRF data entry (double handling)
- Follow up challenges
  - Patient contact once beyond year 1

#### **Ethics**

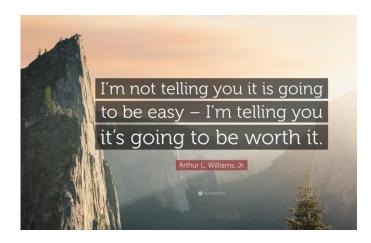
- What is appropriate for registries as opposed to clinical trials
  - Data evolution
  - Extensions & Progress reports

#### From the nursing/research team perspective

- Maximising the information contained in the registry
- CPD and balancing this given role diversity
- Keeping the team inspired

#### How to best develop ways of using the data that is meaningful









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UNDERSTAND OUR
CLINICAL
LANDSCAPE

Objective

IMPROVE PATIENT

OUTCOMES

OPTIMISE
EVIDENCE-BASED
HEALTHCARE



COORDINATION

DATA CAPTURE

**RESOURCES** 

**BENCHMARKING** 

LOCAL RELEVANCE

**EVIDENCE-BASED** 

**GOVERNANCE** 

**QUALITY** 

**COORDINATED** 

**100% DATA CAPTURE** 

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STREAMLINED GOVERNANCE

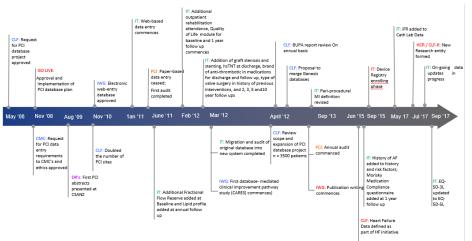
**QUALITY ASSURANCE** 

NATIONAL CINICAL GOVERNANCE

**ELECTRONIC MEDICAL RECORD linkage to REGISTRY** 

NATIONAL RESOURCE ALLOCATION JUSTIFICATION

**QUALITY ASSURANCE INDICATORS** 







Improving Guideline compliance in Australia with National Outcomes Registries

#### Genesis HeartCare & SleepCare Chief Medical Director

Daniel Cehic

MBBS, MBA, GAICD, FRACP, FCSANZ

Senior consultant / Electrophysiology cardiologist

daniel.cehic@genesiscare.com.au

#### Genesis HeartCare Research Director

**David Eccleston** 

Assoc.Professor, MBBS, MMedSci, FRACP, FCSANZ

Senior consultant / Interventional cardiologist

david.eccleston@genesiscare.com.au

#### Genesis HeartCare Research Manager

Sonya McColl

sonya.mccoll@genesiscare.com.au

#### **GCOR National Coordinator**

Karen Patching

CERT (Nursing). B.SC (Nursing). GRAD.DIP (Crt.Care). MBA

karen.patching@genesiscare.com.au





### **Abbreviations**

- CLF: Clinical Lead Forum
- CLF-R: Clinical Lead Forum-Research
- CMC: Clinical Management Committee
- Dr: Doctor
- eCRF: electronic Case Report Form
- FU: Follow up
- GC: GenesisCare
- HC: HeartCare
- HCRI: HeartCare Research Institute
- IWG: Interventional Working Group (prior HC governance group)
- PIS: Patient Information Sheet
- QoL: Quality of Life (questionnaire)
- WA: Western Australia



