CASE 1: Doctors, Data, and the New Frontier

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Over the past three months, hospital administrators at New Frontier Hospital, information technology consultants, a representative selection of hospital-employed as well as independent, hospital affiliated doctors, and a bioethics consultant met to discuss the implementation of an electronic clinical performance reporting system that would monitor and collect an array of clinical data and then analyze and report on individual doctor's performance based on measures such as patient mortality and complications, length of stay in the hospital, frequency of readmission, the quantity of diagnostic tests employed, and the cost of care per patient and type of medical condition. The goal of the meetings was to collaboratively discuss 1) whether to proceed with the clinical performance reporting system and 2) how best to implement the technology and program at New Frontier Hospital. After extensive discussions amongst all of the participants, a majority favored implementing the clinical performance reporting system (hereafter CPRS).

While some ability to monitor doctor's patient health outcomes was always possible, new technologies, such as the recent implementation of an electronic medical record system at New Frontier Hospital, have made it extremely easy to collect data about each doctor's patients in the hospital and to then compile and analyze the data and ultimately generate detailed reports of individual doctor's performance relative to other doctors in the hospital and standards accepted by the larger profession/specialty. As such, while some effort and cost is required to initially configure the program and thereafter report results, it is not considered a personnel or cost intensive program that would draw money or resources from other hospital operations.

Initially, hospital administrators imagined only reporting doctor's performance results to each individual doctor, and using such performance reports in job evaluations and salary negotiations, as well as whether to continue treatment privileges for independent doctors. However, during discussions, a number of doctors successfully argued that the performance reports should actually be shared amongst all of the doctors in the hospital in order to generate what they regarded as useful competition amongst their peers to have the best patient health outcomes while working to keep costs from escalating beyond what patients, the hospital, and health insurers (both private and government Medicare and Medicaid) can handle.

Towards the end of discussions, the bioethics consultant raised the consideration that perhaps the performance reports generated from the CPRS should be made a matter of public record on the hospital website so that present or future patients can make informed decisions not only about various medical treatments but also about what doctor to go to for care. While some doctors initially balked at such a public display of their own performance results, the bioethicist was able to convince a majority of the doctors and hospital administrators that, in the interest of promoting greater patient autonomy, the results of the CPRS should be made available to the public via the hospital website.

At the conclusion of the three month series of meetings to discuss the CPRS, it was resolved that the program would be implemented and all hospital-employed and independent physicians with treatment privileges at New Frontier hospital would be included in the CPRS. After performance results were reported to individual physicians, the results would be shared with other hospital employees and then published on the hospital website. While the doctors' names would be included

in the reports, no identifying patient information would be included in any version of the reports. Instead, the reports would emphasize statistical trends and averages for each doctor.

The central goals of the CPRS would be to:

1. Improve patient health outcomes by showing physicians areas that they can improve in
2. Reduce costs by highlighting areas in which physicians are over utilizing certain resources and services based on a particular condition (i.e. the number of chest x-rays prescribed for a pneumonia patient)
3. Increase transparency into the quality of care being delivered to patients and the associated costs of care
4. Increase physician accountability for patient health outcomes, time spent in the hospital, and frequency of readmission by utilizing CPRS results (though, not exclusively) in determining physician salaries, bonuses, or treatment privileges

Nonetheless, a minority of doctors at New Frontier Hospital fiercely protested and registered their dissent with the decision to implement the CPRS program. As he walked away from the final meeting, Dr. Rand, who had been practicing medicine for the past 40 years, rehearsed his own dissenting opinion in his head,

"This isn't why I got into medicine. I just wanted to serve my patients to the best of my ability and help them to lead healthier lives. But ever since our physician group was bought by the hospital, it feels like I have less and less control over how I deliver medical care. First it was the government Medicare/Medicaid programs and private insurers looking over my shoulder, then it was hospital administrators, and now it seems that everyone will be able to peer into how I choose to practice medicine. Being a doctor just doesn't get the same kind of respect that it used to and still should. If this CPRS program actually gets implemented I may consider leaving the hospital and starting my own private practice again so that I can deliver care the way that I think is best. Maybe I'll start one of those practices that doesn't accept any forms of insurance, and instead just deals directly with patients on a cash basis."

[Case developed from "Hospitals Prescribe Big Data to Track Doctors at Work," Wall Street Journal, July 11, 2013.]

Questions:

1. Should the clinical performance reporting system be implemented at New Frontier Hospital and all doctors working at the hospital required to participate? Should only hospital-employed doctors be required to participate?

2. Should the results of the clinical performance reporting system be made available to other doctors in the hospital? To other health care professionals in the hospital? To the public via the hospital website?

3. What ethical considerations do you think should shape/guide how the technology, format, and procedures of the clinical performance reporting system are designed and implemented at New

Frontier Hospital? Do any of these ethical considerations have greater priority than others? Case from the National Undergraduate Bioethics Conference Bioethics Bowl. April 5, 2014. Loyola University, Chicago.

http://nubc2014.files.wordpress.com/2014/01/bb-case-packet-20141.pdf