Patron: H.R.H. The Prince of Wales

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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**OFFICE OF THE PRESIDENT**
Professor David Watters

7 December 2015

Senator Deborah O'Neill
Chair, Senate Select Committee on Health
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senator O'Neill

**Re: Senate Select Committee on Health – Health Data**

Thank you for providing the Royal Australasian College of Surgeons (RACS) with the opportunity to make a submission to the Senate Select Committee on Health focusing on the issue of collection, linkage and access to health data. Please see attached our response to the points raised in the issues paper.

RACS supports the Australian Government's efforts to consider how to improve access to and linkage between health data sets held by Commonwealth entities. RACS believes that these data sets, if managed efficiently and appropriately, have the potential to greatly improve the Australian health system and overall patient care.

We look forward to continuing to contribute our expertise to the work being undertaken by the Select Committee.

Please do not hesitate to contact me to discuss this submission or any aspect of the Australian health system.

Yours sincerely

Professor David Watters OBE
**President**

**Royal Australasian College of Surgeons**

**SENATE SELECT COMMITTEE ON HEALTH**

**HEALTH DATA**

**SUBMISSION**

**December 2015**

**SUBMISSION** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical education, training and high standards of practice in Australia and New Zealand. Our Fellows and staff work closely with other health organisations to promote the best health outcomes for patients and the community. RACS purpose is centred on excellence in patient care and as a Fellowship based organisation we endeavour to give full consideration to the effects of health care reforms on patient care and service provision across Australia.

**Summary**

The digitalisation of health records and growth of databases held by government and private organisations has increased exponentially over the last decade. This evolution has given rise to many questions over how 'big data' may be utilised to provide valuable insights into the future delivery of healthcare services in Australia. Importantly, better quality data through the effective interpretation of information has the ability not only to improve the overall performance of the healthcare system, but also to result in better outcomes for patients.

Governments face concurrent challenges associated with aging populations, patients with chronic - conditions and pressure on resources. The concept of big data has been introduced to the healthcare system as a solution to a variety of healthcare related information system problems as health systems grow increasingly complex and expensive. In Australia the use of big data has the potential to provide insights that enable better use of resources and outcomes that promote the sustainability of the healthcare system.

The accurate and ethical use of big data has the potential to provide researchers and policymakers with information that is evidence based. The current challenge before governments and private organisations is to ensure that the design of data-sharing linkages and partnerships is underpinned by the principles of integrity and privacy. It is vital that data is used to inform improvement in patient care and reduction of wastage, as opposed to a tool which can be used to introduce harmful rationing or inappropriately limit clinical autonomy.

**Key Points**

Government agencies, private health insurers, health services/hospitals and medical colleges need to adopt a collaborative approach where agreements for data sharing promote equity, quality and sustainability. RACS affirms that the judicious use of datasets relies upon the prioritisation of:

- **Coordination** - *Australia's healthcare systems are rapidly changing and out-dated material may not reflect best practice due to changes in technique or technology. Coordinated systems are needed to ensure access to as much relevant information as possible.*
- **Interpretation** - *Analysis remains a significant challenge in maximising the utilisation of complex data, requiring on-going development of collective performance indicators and risk adjustment measures.*
- **Investment** - *Significant and on-going investment into systems that support robust analysis is required to support a framework of evidence-based medicine that is guided by complex data.*
- **Privacy** - *The right to privacy is a fundamental principle of Australia's healthcare system and stringent safeguards are needed to ensure patient and clinician privacy is protected*. The *development of guidelines/legislation to govern the use of big data is vital.*

**General Comments**

**Coordination**

Big data has an important role to play in the assessment of system issues and points of service. If governments fail to establish agreements and frameworks that prioritise the timely sharing and interpretation of data, the effectiveness of the information will be impeded. If data is not made available to researchers to conduct longitudinal studies effective causal links may not be discovered when addressing issues. Systems of capture and dissemination must be easy to use and retain a strong degree of transparency to reduce 'information silos' that impede the comparative analysis of data.

**Interpretation**

Performance measures are essential to providing an effective foundation for the use and reporting of healthcare data. The introduction of quality indicators to assess performance should be implemented only after rigorous statistical analysis, risk factor adjustment, and specialist consultation has been undertaken to avoid the misrepresentation of the quality performance of institutions, teams and surgeons. Recent attempts to utilise data to remove payment for a range of complications without consultation with surgeons has proven to be problematic.

RACS supports the public release of outcomes-based data on surgical performance at a team, institutional or national level, where that data can be reliably aggregated and benchmarked. It is appropriate that the public have access to reports on surgical performance that are valid, reliable and that establish trust so that providers and their patients can be confident in the medical care being provided. RACS does not believe that data on individual surgeon performance should be made public as this would undermine trust and be counterproductive to achieving better outcomes through established assessment processes.

RACS encourages the government to work with hospitals/health services, private health insurers and medical colleges to develop an accepted set of performance indicators within the Australian context that effectively assess the performance associated with surgical procedures. Such indicators could also be used within private hospitals to assist local peer review processes, which should be supported by the relevant hospitals. It is also critical that RACS and surgical specialty societies lend their relevant expertise to the development of these measures.

**Investment**

RACS acknowledges the important work that the Australian Government is doing with the establishment of the Digital Transformation Office. RACS aims to work collaboratively with government health agencies, private health insurers and not for profit agencies to provide its expertise in analysing and interpreting datasets. Surgeons are uniquely placed to provide both system and clinically based insight into all aspects of patient care delivery. Federal and State Governments have access to a vast amount of rich data across the health sector and RACS believes that there are many opportunities for greater utilisation of data collected by Medicare.

**Privacy**

In designing systems and initiating agreements the right to privacy for patients and their families must be guarded and all data should be de-identified Organisations engaged in providing information to support complex data initiatives must also be protected which may require review of existing privacy legislation to ensure the right balance is achieved.

**Conclusion**

RACS welcomes engagement in the discussion around the benefits and challenges posed by the growth in complex datasets and its impact on healthcare delivery in Australia. RACS acknowledges that big data will assume a significant role in informing the future of health service delivery in Australia and that this requires on-going stakeholder engagement to address a number of challenges posed by this development. The College and its Fellows remain committed to reforms that promote sustainable healthcare into the future and we are available to assist the government in working towards measures that seek to improve quality, equity and sustainability within the healthcare system, supported by the interpretation of complex big datasets.