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Clinical performance measurement based on secondary use of data

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Background

A maintained focus on continuously improvement of the quality of care by means of systematic standardised performance measurement has shown impact on clinical practice. For example the implementation of national guidelines in colorectal cancer has shown a cut down of 50% in the mean waiting time from referral to the initialisation of treatment at a national level.

There is a substantial desire among clinicians and administrators to extend clinical performance measurement in several clinical areas. However, this is in practise limited due to the clinical burden of the necessary data capture. On the other hand clinicians document terabytes of patient data as an embedded part of their daily work. Different clinical it systems generate an increasing amount of structured data as part of the diagnostics, treatment and administration of the patients. The potential for improved secondary use of patient data has been specifically addressed in a white paper published by the “American Association of Medical Informatics” (ref1). The white paper points at various aspects of secondary use of data including the citizen (the consumer), patient safety, quality improvement, population health and research and recommends the following:

- Data management should be entirely transparent for the public
- Focus on ownership to data utilization rather than ownership to data as such
- Seek broad consensus on data security and public awareness about the purposes of secondary use of data
- Find a taxonomy for secondary use of patient data
- Focus on the national interests on secondary usage of patient data

An example of a national system for clinical performance measurement and secondary use of data

The National Competence Centre on Clinical Databases, Region East (ref2) has during the last 8 years developed a national clinical performance measurement system (CPMS). The core of the system is a clinical data warehouse developed on the SAS platform which is interfaced to a set of different data sources, such as Electronic Health Records and dedicated web-based quality data entry systems. Over the last couple of years CPMS has been connected to national registries such as the National Patient Registry. This enables CPMS to reuse patient data from the patient administrative context which gives new opportunities for clinical performance measurement. CPMS is today covering 22 disorder areas at a national level and is furthermore being used as the platform for continuously national measurement of cancer treatment.

The paper will present the development results of CPMS in relation to secondary use of patient data. The presentation will show how CPMS candidates to become a central component type of the evolving health care information infrastructure and will discuss principal and practical aspects of secondary use of patient data in relation to clinical performance measurement.

References

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