
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE



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Variance in General Surgery procedures highlighted to encourage surgeons to reflect on practice

The Royal Australasian College of Surgeons (RACS) and Medibank have released the first in a series of reports to improve and progress understanding by surgeons about variations in surgical practice.

“These reports will provide surgeons with information that may help them gain a better understanding of, and learn from, variations, for the benefit of the service they provide to their patients and the community,” RACS President, Professor David Watters, said.

The report released today is focussed on variances in common General Surgery procedures, including:

- Laparoscopic cholecystectomy (surgery to remove a gallbladder);
- Gastric band and sleeve procedures;
- Bowel resection procedures;
- Hernia procedures;
- Gastroscopy; and
- Colonoscopy (including diagnostic and procedures with polyp removal).

Future reports will look at common procedures within other surgical specialities, including urology, ear, nose and throat surgery, vascular surgery, and orthopaedic surgery.

“Information sharing is key to improving the delivery of healthcare, and ultimately to improving patient outcomes,” Medibank Chief Medical Officer, Dr Linda Swan, said.

“These reports will enable surgeons to reflect on their practice, both as an individual clinician, as well as part of a specialty field, and consider what could be improved or changed.”

For the *Surgical Variance Report - General Surgery*:

- 4,494 Laparoscopic cholecystectomy procedures funded by Medibank in 2014 were analysed. From those procedures:
 - 320 surgeons billed Medibank for at least 5 operations;
 - The median length of patient stay for these surgeons was between 0 nights (same day discharge) and 6 nights, with a median of 1 night;
 - 40 of these surgeons (12.5%) had at least one patient that was transferred to ICU. Overall 1% of patients were transferred to ICU;
 - The average total cost of a hospital separation for these surgeons ranged between \$4,543 and \$21,419, with a median of \$7,235.

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- 24,269 gastroscopy procedures funded by Medibank in 2014 were analysed. From those procedures:
 - 836 specialists billed Medibank for at least five procedures;
 - 424 of these specialists (51%) had all of their patients discharged on the same day of admission;
 - 451 specialists (54%) had at least one patient that had another gastroscopy within 6 months. Overall, 4.7% of patients had another gastroscopy within 6 months;
 - The average total cost of a separation for these specialists ranged between \$809 and \$7,815, with a median of \$1,400.
- 4,605 hernia procedures funded by Medibank in 2014 were analysed. From those procedures:
 - 332 surgeons billed Medibank for at least five procedures;
 - The median length of patient stay for these surgeons was between 0 nights (same day discharge) and 3.5 nights, with a median of 1 night;
 - 10 of these surgeons (3%) had one or more separations during which the patient was transferred to ICU. Overall, less than 1% of patients were transferred to ICU;
 - The average cost of prostheses items used by these surgeons ranged between \$0 and \$4,952, with a median of \$628.

“In addition to presenting the data and our analysis, we’ve also deliberately posed questions that every clinician can reasonably ask about the possible reasons for the variations, and consider individual answers,” Professor Watters said.

Together, the College and Medibank will work to further develop the information provided in these reports so that they are as meaningful and useful as possible for all clinicians.

“Medibank is absolutely committed to helping to improve patient outcomes and patient experiences, and we’re delighted to be able to work with RACS to share this data and information with clinicians,” Dr Swan said.

Medibank is in the process of developing a system to make individual data available to surgeons upon request. Once this option is available, surgeons will be advised to contact Medibank directly should they be interested. The College will never have access to an individual surgeon’s data.

The data contained in these reports is taken from de-identified Medibank claims data which the College has analysed and interpreted. No individual surgeon (or patient) can be identified.

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For media enquiries, or to request copies of the *Surgical Variance Report – General Surgery*:

Greg Meyer – Manager, RACS Communications & Advocacy. Mob: 0429 028 933

Evelyn Ek – Manager, Medibank External Affairs. Mob: 0412 887 853