

Lucy blog two 14.5.24

MSKPN Outcome Data Collection Survey

Thank you to everyone who completed our recent survey. As one of our core areas of focus, we want to ensure all members get the support they need in data collection.

Survey objectives

Our objectives encompassed investigating the activities of members concerning data collection. For those not collecting, we aimed to understand the reasons behind their decision and identify any obstacles. Additionally, we sought to ascertain the accessibility of the collected data; for instance, data merely residing in notes lacks practical utility.

Survey results

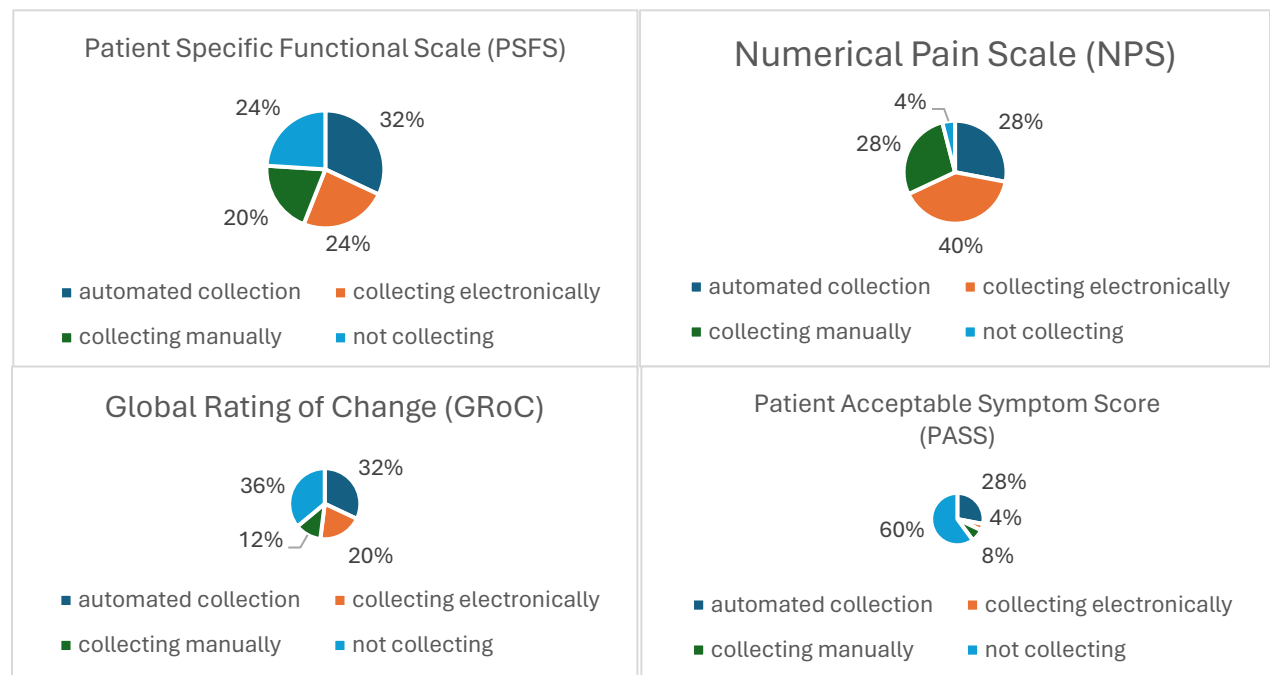
We received 25 responses, that's about 53% of our membership. All of those using Cemplicity replied and I assume that many of those who live in the non-respondent category don't collect data that can be viewed in a transferable format. Of those who responded and were electronically or manually collecting, the majority were not collecting PASS and GRoC.

Member's survey stats

On average across the 5 outcome score questions

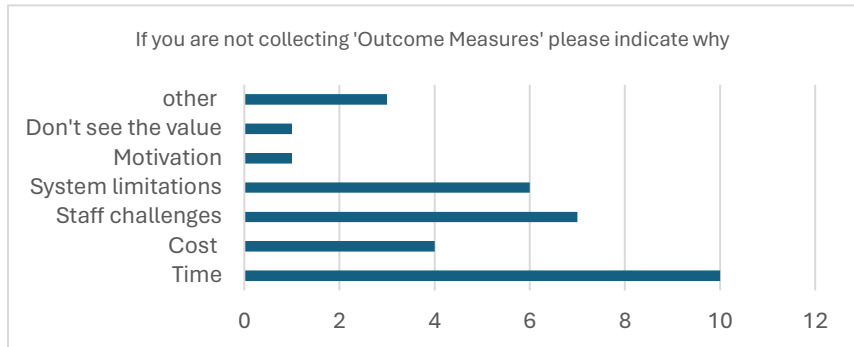
- 30% collect data automatically
- Collecting electronically ranges from 40% (pain) to 4% (PASS)
- Manual collection ranges from 28% (pain) to 8% (PASS)
- Not collecting data ranges from 60% (PASS) to 4% (pain)

Therefore Patient Acceptable Symptom Score (PASS) is the least likely to be collected and Numerical Pain Scale (NPS) is the most likely to be collected.



Most popular reasons for not collecting are:

- Time (40%/10 people)
- Staff challenges (28%/7 people)
- System limitations (24%/6 people)



What I've been doing over the last couple of months

I've established a good dialogue with PhysioFirst so now we are speaking with one voice and our aim is to work with the CSP. We are looking forward to having a meeting to discuss quality in the very near future. It can only be positive, to be collaborative about data.

We have the opportunity to discuss collaboration with one of our leading health science Universities. For this to go ahead in a meaningful way I need to know the formats (software, eg excel spread sheet), reliability and regularity of data collections and how much data you have. Can this data be reliability transformed and extrapolated from your system and amalgamated by an MSc. project with others to our mutual benefits?

For those of you collecting electronically or manually can you please let me know the information above. I'll then be able to assess if this is progressive.

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Members

I've spoken with individuals and organisations, and everyone has their own questions and deliberations. Each time, together we've been able to push the agenda forwards for their individual organisations. Do get in touch if you'd value a one to one.

I'm doing an audit for Cemplicity

There is an alert system that we agreed with Cemplicity on the identification of any regression. This triggers the individual therapist analysing the last data collection results and assessing the results with their own records. We are currently analysing the presence of friction in the system in order to make our results more robust. I should be reporting to Cemplicity on these findings, w/c 13 May.

We have to demonstrate quality

PMIs only look at the number of sessions or cost. That is not representative of quality. So establishing a quality driven/influenced payment system would ultimately be very helpful. Getting to have conversations can only lead to positive benefits. So we need to get as much good quality data as we can, to tell the world that we are managing these conditions well.

When selecting a restaurant, you might rely on recommendations from friends or read reviews to make your decision. In today's society, reading reviews is commonplace. Similarly, as patients, we desire the ability to access and review data about a particular clinic.

With over 7000 clinics, imagine the impact of presenting our combined data with the CSPs help. It would be a compelling opportunity to showcase our efforts and demonstrate our effectiveness in addressing the various conditions.

In the long term, it enables us to benchmark and create a standard for best practice in managing conditions such as lumbar spine issues, ACL injuries, or shoulder reconstructions. This gives us guidelines to show what good looks like in a quality driven way.

Next steps

We have had some interesting results that inform us of our next steps. It's very clear we have a large cohort of members who are not collecting or collecting manually. You've got to be brave to admit you are not collecting anything and I'd like those collecting manually and electronically to let us know how they are doing it.

What we really want to know is if those who are manually and electronically collecting have the data in a transferable and viewable format, or if data remains on notation systems (data remaining in each individual electronic notes without any collation visible to all), or in practice management systems.

As I said in my last blog, the profession is at a point where it can no longer ignore measuring quality. I've done a lot of work on data collection. I like data as it informs me, and I like to be informed. And remember the Health and Care Professions Council introduced 15 new [quality standards](#) in Sept 2023 that we as physios have to abide by.

Please get in touch to discuss your needs.

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Read Lucy's member's showcase here: <https://www.mskpn.co.uk/our-work/lucy-goldby-members-showcase/>