



**NEW DATA ELEMENT** **CLINICAL OUTCOME** – What was the clinical outcome of the procedure? *Was it effective?*

## WHY WE NEED THIS

1. Repeat interventions without clinical improvement represent a significant financial burden on health systems (1,2).
  - Recording outcomes avoids resource duplication.
2. Chronic health conditions are multifactorial, requiring multidisciplinary care.
  - 2 patients, same diagnosis, varying function, varying psychosocial factors & environmental supports = varying response to treatment.
  - Ongoing improvement & functioning = understanding the impact of procedures.
  - Care is person-centred. Providing a healthy eating plan does not guarantee healthy eating, nor the same results for two different people.
3. Procedures often conducted by specialists/allied health. Data must be shared back to GP to drive future decision-making.
4. Outcomes can't always be measured by lab tests/imaging - **requires a clinical measure.**

## IMPACT

- 5 CCMP sessions, split between providers; continuity of care requires understanding the impact of care across providers
- Measure of patient safety in line with WHO indicators (3).

## THIS IS A PRIORITY RIGHT NOW!

- The 'Clinical Framework for Delivery of Healthcare Services, supported by TAC, WC, state governments and professional associations states as its first principle that primary care & allied health must **"Measure and demonstrate the effectiveness of treatment"** (4).
- CCMP reform and the GP/care team needs to understand the CCMP benefits.
- Clinical Procedural Safety - NSW Health Policy = must record patient outcomes (5).
- Value-based care & funding models reform.

**Why are we sharing data if not to;**  
**1) help the patient at the patient level,**  
**2) inform decisions at a clinician level,**  
**3) reduce the cost/burden of disease at a system level?**  
**To do this, we must record what is EFFECTIVE in helping the patient!**