TITLE: **Vicious to virtuous cycle.**

Introduction

Sound data that reflects the activity in the health sector is essential to understanding what is happening to patients and how the sector is responding to their needs.
Sometimes where the data are not used because the potential users, such as clinicians, researchers and managers, think that the quality of the data is not sufficient to support good decision making. This line of thinking produces a vicious cycle. The clinicians, clinical coders, managers, and data custodians who are responsible for originating and collecting the data cannot see that their effort is contributing to improving patient care and public health decision making. How can these data collectors maintain their motivation and commitment to producing high quality data if it is not used? Consequently, the quality falls even further.
The challenge is how to turn this vicious cycle into a virtuous cycle.

Methods

The foundation of our insights into these issues is work conducted over the last 10 years reviewing data collection processes, their impact on the quality of the data and establishing best practice.
The methods included detailed reviews of the original data sources, the quality of the collected data, benchmarking of processes, and interviews with data “stewards” and “custodians”.
These insights were refined through hundreds of workshops with clinicians and the collectors of the data in developed and developing health sectors.

Results

Factors that influence and support high quality data collections include, the physical and system elements, the training, reward, and career pathway available to data collectors, regular auditing, cross checking of the validity of the data from other sources and promoting the use of the data with appropriate feedback loops.
Clinicians are vital in the process of accurately recording what happens to the patient and to making the best use of the data, a cycle in itself.
The paper will explore the use of the data for many purposes, including as the basis for payment, comparison of clinician and hospital/facility performance, consumer feedback and public health decision making.
Novel approaches to using the data will be discussed including using a robust data set from one country to fill in the gaps in data in other countries where the same type of data collection is less well developed.
How much of our resources should we spend chasing high quality data? Is there a point of diminishing returns and where is that point? Data accuracy comes at a cost. Moving ahead with slightly dirty data may be a good choice if the limitations are acknowledged.

Conclusions

This paper argues that the key to turning a vicious into a virtuous cycle is the timely use of the data by clinicians and other decision makers. Various methods for stimulating the use of the data and improving data quality will be discussed.
Much can be done to improve the quality and usefulness of the data we collect from the health care system. Using the data in interesting and important ways is of primary importance to improving our health data collections.