Raising the Collective Consciousness: A Program for the Public Trust

David B. Hoyt, MD FACS
Executive Director
American College of Surgeons
Chicago, IL
Celebrating the Beginning

100 YEARS OF INSPIRING QUALITY

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
ACS: 100 Years of Quality Improvement

Minimum Standard for Hospitals


Committee on Trauma
Channeling our “Inner Codman”
Four Guiding Principles of Continuous Quality Improvement

1. Standards
   • Individualized by patient
   • Backed by research

2. Right Infrastructure
   • Staffing levels
   • Specialists
   • Equipment
   • Checklists

3. Rigorous Data
   • From medical charts
   • Backed by research
   • Post-discharge tracking
   • Continuously updated

4. Verification
   • External peer-review
   • Creates public assurance
Because we can – We should
Quality Improvement: A Shared Interest and Mission

**National Strategy for Quality Improvement in Health Care**
U.S. Department of Health and Human Service
- Better care; healthy people and communities; affordable care

**Triple Aim**
Centers for Medicare and Medicaid Services
- Improving the experience of care; improving the health of populations; and reducing per capita costs of health care

**Learning Health Care System**
Institute of Medicine
- Concept and contextualization of evidence
The National Goal

"A Learning Healthcare System"
American College of Surgeons

High Quality Surgical Care

Best Evidence
- Education
- Access
- Availability

Clinical Trials
- ACOSOG+

Outcomes
- NSQIP, NCDB, NTDB

Innovations & New Technology
Net Social Value

\[
\text{Net Social Value Added from a Health System} = \text{Gross value added by Healthcare to Patients} - \text{The Opportunity Costs of that Care for Society}
\]

Opportunity costs:
- Neglecting education of the young
- Neglecting basic science and R&D
- Neglecting the nation's public infrastructure
- Neglecting national security and the safety of our warriors
- Giving up enjoyable things households enjoy

After Reinhardt, 2011
• Failure of care delivery
• Failure of care coordination
• Overtreatment
• Administrative complexity
• Pricing failures
• Fraud and abuse
Because we can –
We should
We’ve found common ground for health care reform.

Our National Surgical Quality Improvement Program prevented 250-500 complications per year, per hospital. Improving care — and reducing costs. You can do both.

The ACS National Surgical Quality Improvement Program — a national effort to improve surgical care and cut costs run by the American College of Surgeons — is helping to prevent thousands of surgical complications each year, according to a just-released study of 118 hospitals.

It’s proof that, with the right approaches, we can improve both the quality of patient care and, at the same time, reduce and even eliminate many health care costs.

The hospitals experienced a reduction of 250-500 complications per hospital, per year. If these methods were used in every hospital in the nation, we could reduce health care costs by $13 to $25 billion every year, or $130 to $250 billion over the next decade — and help literally millions of patients avoid preventable complications.

So let’s stop focusing on the issues that divide us, and work together to make sure Congress rewards providers who deliver better care at lower costs, by using measures like these.

Learn more about the ACS NSQIP program at acsquality.org
The ACS NSQIP empowers surgeons and medical centers to reliably collect, analyze and act on their outcomes data ... To improve care.

ACS NSQIP® Delivering Value
The American College of Surgeons National Surgical Quality Improvement Program (NSQIP) is a risk-adjusted data collection mechanism that collects and analyzes outcomes data. Participating hospitals use their collected data to develop initiatives that improve surgical care. ACS NSQIP is dedicated to offering hospitals the right tools to assist in measuring relevant clinical data that helps deliver the quality of care for their patients. ACS NSQIP now offers data collection options to accommodate hospitals of various sizes and resources. Click here to read about NSQIP data collection options.

2011 ACS NSQIP® National Conference
Overall (Non-Multispecialty) 30-Day Mortality O/E Ratios

Benchmarking with risk adjusted outcomes.

**Green:** Low outliers (good)

**Red:** High outliers (not good)
ACS NSQIP: Data Matters

82% of hospitals decreased complications

66% of hospitals decreased mortality

250-500 complications prevented annually per hospital
Potential Cost Savings if U.S. Hospitals Adopt ACS NSQIP

- Reduction in complications: 250-500
- Average cost per complication: $11,626
- Average savings per hospital: $2,906,500 - $5,813,000
- Potential yearly savings across 4,500 hospitals: $13 - $26 billion/year
A Better Way to Keep Patients Safe

By PAULINE W. CHEN, M.D.

Not long ago, a few colleagues and I were discussing the challenges of improving health care quality and patient safety. We debated the merits of clinical benchmarks that payers and regulatory groups now require, crude proxies of quality care like giving antibiotics at certain times, ordering specific tests at set intervals or permitting our results to be reported publicly.

One colleague, a devoted and highly respected clinician in his department, admitted that he found this growing list of directives from others exasperating. “I’m all for taking great care of patients,” he said, the muscles along his jaw tightening. “But how can some insurance bureaucrat or policy wonk who’s not in the clinical trenches know more about taking good care of real patients than someone like me?”
Public Reporting
Physician Payment Must Be Fair

Figure 1. Potential update path for fee schedule services

- Total Medicare spending (right axis)
- Conversion factor for primary care (left axis)
- Conversion factor for non-primary care services (left axis)
Value Based Growth Rate Proposal to replace SGR

Physician Level Payment Adjustments

Program Level Payment Adjustments

Clinical Affinity Group (CAG) Payment Adjustment

PQRS

EHR Meaningful Use

All-CAG Performance Score

Inflationary MEI Update (0% - 3%)

Disease (e.g. Cardiac, Cancer, Digestive) (-.5% to 1.5%)

Geographic (e.g. Rural) (-.5% to 1.5%)

High Risk Population (e.g. frail elderly) (-.5% to 1.5%)

Women’s Health (-.5% to 1.5%)

Dual Eligibles (-.5% to 1.5%)

Primary Care Chronic Care (-.5% to 1.5%)

EXAMPLES ONLY
Because we can – We should
New Program

- Surgeon specific initiatives
  - MOC part four
  - Pay for Performance
  - OPPE – Joint Commission
  - Public reporting is coming
- Surgeon Specific Registry
  - Collaborating with American Board of Surgery and CMS
  - First offering – October, 2012
The Surgeon of the Future

- Lead safe high performance teams
  - Integration of surgical/nonsurgical skills
  - Part of systems of care
- Evidence based practice
- Outcomes data – public reporting
- Continuous, professional development
- Recertification based on practice
- Communication, respect for others
Redefining Professionalism

Autonomy → Collaboration
Authority → Evidence
Assertion → Measurement
Control → Transparency
Self-interest → Public interest

Professionalism = Accountability
Which Direction will Quality Improvement Go?
Decisions are being made now – and we have opportunities to help show why ACS NSQIP is the better path:

- This October 2012 CMS value-based purchasing begins
- ACS NSQIP Hospital Compare pilot to be launched in 2012
- Physician quality reporting
- 2014 general surgery registry rule
## Reputation / Branding: Inspiring Quality

<table>
<thead>
<tr>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redefine Quality in a way that is Understandable to the Rest of the World</td>
</tr>
<tr>
<td>Link Reputation to Policy/Payor/Providers Solutions</td>
</tr>
<tr>
<td>Make ACS Synonymous with Quality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark Tracking</td>
</tr>
<tr>
<td>Driving visibility of the College’s leadership in quality</td>
</tr>
<tr>
<td>Engaging thought leaders in Inspiring Quality activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Path Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce quality reputation with 100yr activities (inject IQ campaign with new ideas through 100yr anniversary)</td>
</tr>
<tr>
<td>Make College’s quality process iconic</td>
</tr>
<tr>
<td>Call to action that engages patients and Fellows to be part of an advocacy strategy</td>
</tr>
<tr>
<td>Better integration with Cancer, Trauma, Education and member services</td>
</tr>
</tbody>
</table>

**Measure Performance**

**ACS as Quality Leader**
Advocacy Tour

Inspiring Quality Hill Tour, Washington, D.C.: May 24

- Deskside meetings with key congressional leaders
- Congressional staff briefings with ACS leaders
- Presentation of public videos
- Distribution of “I Inspire Quality” tool kit campaign buttons and other materials
- Proactive media outreach
Chicago Surgical Health Care Quality Forum

**Forum Theme:** Inspiring Quality in Surgical Health Care – Quality Improvement Programs that Improve Outcomes and Reduce Costs

- **Date/Location:** July 18, 2011, American College of Surgeons, Board of Regents Boardroom
- **Co-Hosts:** L. D. Britt, MD, MPH, FACS, FCCM, FRCSEng (Hon), FRCSEd (Hon), FWACS (Hon), David Hoyt, MD, FACS
- **Keynote Speaker:** U.S. Sen. Mark Kirk (R-IL)
- **Panel:**
  - Mark Chassin, MD, MPP, MPH, FACP, The Joint Commission
  - Alejandra Perez-Tamayo, MD, FACS, Mercy Hospital and Medical Center
  - Enrico Benedetti, MD, FACS, University of Illinois Medical Center at Chicago
  - Jeffrey Matthews, MD, FACS University of Chicago Medical Center
  - Marleta Reynolds, MD, FACS, Children’s Memorial Hospital
  - Nathaniel Soper, MD, FACS, Northwestern Memorial Hospital
  - Clifford Ko, MD, MS, MSHS, FACS, ACS

“At its first Chicago Surgical Health Care Quality Forum, held Monday, the ACS showcased its Inspiring Quality in Surgical Care campaign and programs that improve outcomes while reducing costs. The programs—based on a four-pronged strategy of identifying evidence-based standards, having appropriate staffing and equipment, collecting and using quality data, and getting third-party verification—have shown concrete results.” – *Modern Physician*
ACS Inspiring Quality Branding

Word Video - Inspiring Quality

Surgeon Stories

Advances in Surgery: Inspired by Successes of the Past
What’s Next

ACS Inspiring Quality National Tour
Collecting health care leadership insights, best-practices and case studies from each tour stop to develop….

ACS Inspiring Quality: Highest Standards, Better Outcomes – Report to Congress on Quality

Congressional Report On Quality

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes
Increasing our Impact
Because we can – We should