Surgical Quality

Measures that take us to Value

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Current State

Why measurement science fails to measure quality or drive improvement

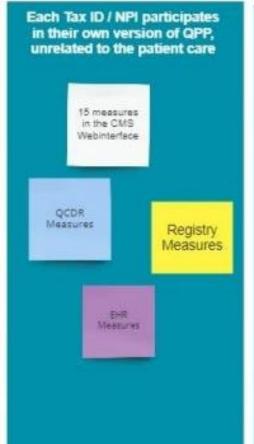
CMS:

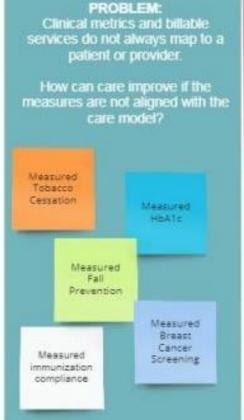
Fee for Service lists of separately Billable Services within the episode

CMS: Non patient centric **QPP** Measure Pathways the providers must use & are disconnected from the episode of care

QPP Quality Metrics without regard for patients & actual episode of care







The ACS Formula

The national standard for surgical episodes

Define the episode and its care model
Measure what matters
Fit quality and cost to the episode
Create shared accountability

How to create a <u>value expression</u> For an <u>Episode</u> of Care

- Episode Verification
- Clinical Outcomes
- Risk adjusted
- Includes PROs

Team-based Surgical Episode Quality



Cost



Achieving cost efficiency

- Controlling expenses
 - Reducing patient/payer costs

Quality Measurement Landscape

Structural Measures

- Facility
 - i.e. Imaging equipment, EMR
- Personnel
 - i.e. Availability of 24 hr ACS team
- Organizational Capabilities
 - i.e. Existence of measurement system

Process Metrics

- Measures of Compliance to Evidence Based Pathways
 - · i.e. Screening



Conformance Quality

- Safety
- · Adverse Events
- Revisions
- Readmissions

Outcomes Performance

- PROMS
- Clinical Outcomes

 (+/- clinical indicators i.e.
 HbA1C)
- Patient Satisfaction

Risk Adjustment

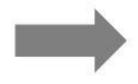
Two Definitions of Quality

 Hitting Specifications "Defect-Free" Care

i.e. Toyota Production System Conformance Quality

2. Superior Performance
High end finishes
Driver Experience
Performance attributes

i.e. BMW Mercedes



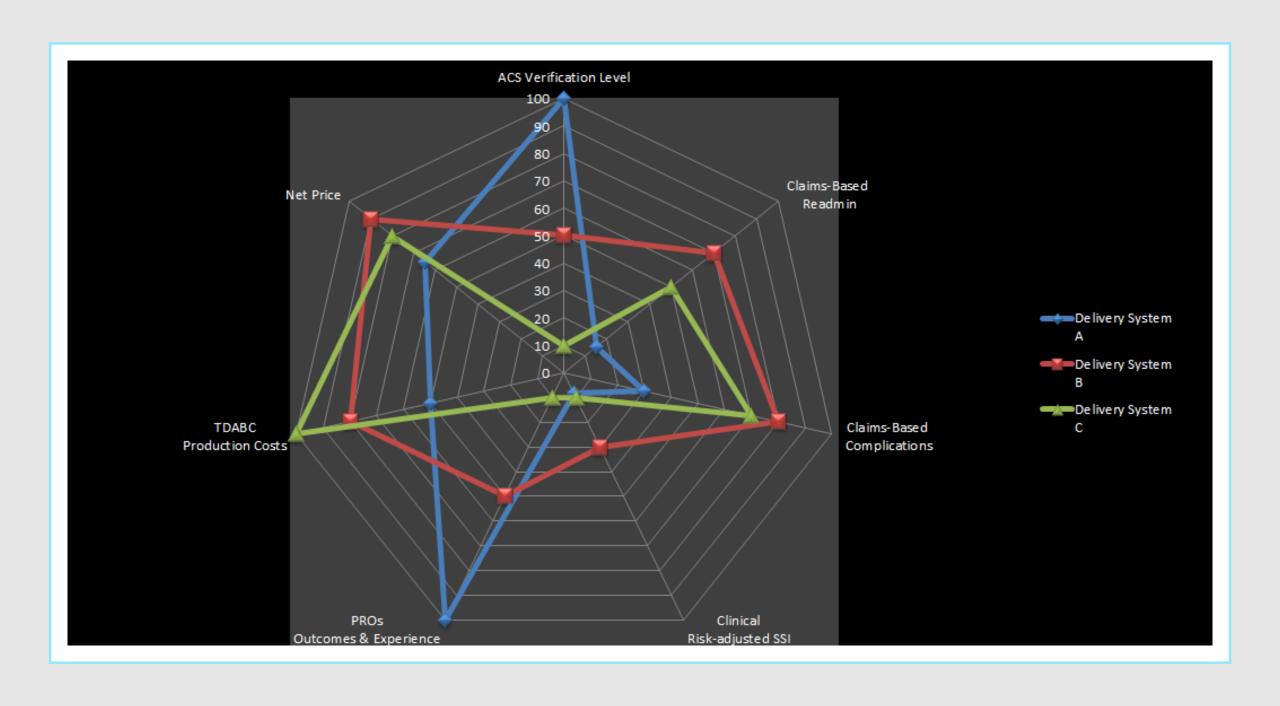
Performance Quality



60% scored on 100 points using Verification standards which include Participation in Conformance measures (NSQIP or Claims) and in Performance measures (PROs) To score the full 60% based on 100 points:

Redbook Verification Standards:

Domains in Redbook Verification	Points
Leadership Commitment	
2. Culture of Safety & High Reliability	25
3. Surgical Quality Officer	
4. Surgical Quality Committee	
5. Team processes in Five Phases of Surgical Care	25
6. Disease Based Management	
7. Data collection and surveillance in surgical domain	25
8. Data-driven quality improvement in surgical domain	
9. Case Review	
10. Peer Review	25
11. Credentialing & Privileging	
12. Compliance with regulatory performance metrics	



Payer Models for Implementation A common value expression in surgical care can apply across many payment models.

MIPS

The model is scorable for Quality, Improvement, Interoperability and Cost

ACOs These shared savings payment models lack a surgical focus and typically still promote FFS as internal accounting for surgical care. Implementing team-based episodes with outcome & cost reports provides ACOs the dashboard for directing efforts fo quality and shared savings.

Bundled Care Team-based, episodes of care fit within bundled contracting, can be fashioned for risk-based contracts risk and contain a focused dashboard for quality and cost.

Quality in a Value Expression

It should be payment agnostic

- Measure the patient outcomes within an episode of care
- Share accountability with the team
- Assure the right structure and processes for the episode's care model
- Use rigor and standards in data aggregation a sole source of truth
- Assure reliability and validity
- Measure both conformance (preventable harms) and performance (PROs)
- Represent the results of quality in many axes and not into a single score.
 In this way, different end users can synthesize their own value expression by evaluating the axes which they deem valuable.

Thank you – questions?

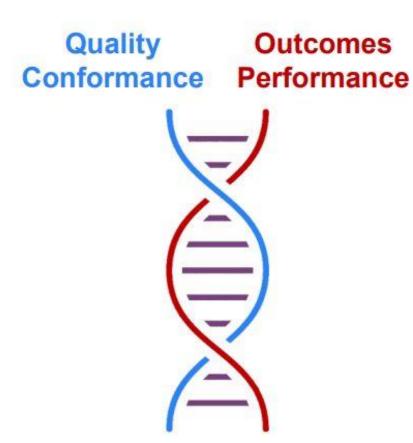


Interdependence between Conformance and Performance

Just like the double helix, both measures of quality conformance and outcomes performance are crucial for delivery high-value health care.



Providers need one integrated set of measures to track and benchmark in order to have centralized, streamlined process that ensures rigor and comparability.



Unlike other industries, a virtual cycle exists in health care where investment in conformance + performance generally lead to lower overall costs.







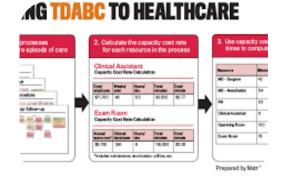
PRO



Interoperability



Conformance Quality



Production Costs (TDABC)



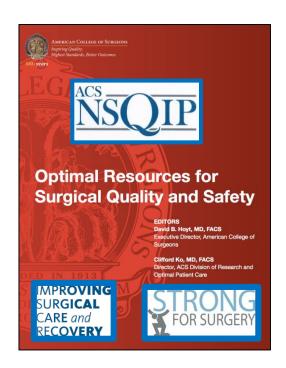
Average Price

Elements to define the

Value Expression

ACS Verification Domains

Quality: Structure & Process



- Surgical Quality/Safety
- **Preoperative Readiness**
- **Enhanced Recovery**
- NSQIP-risk adjusted outcomes
- The "catch all" QI Package







Trauma

Care

Bariatric Metabolic



Cancer Care



Children's Surgery



Breast Disease



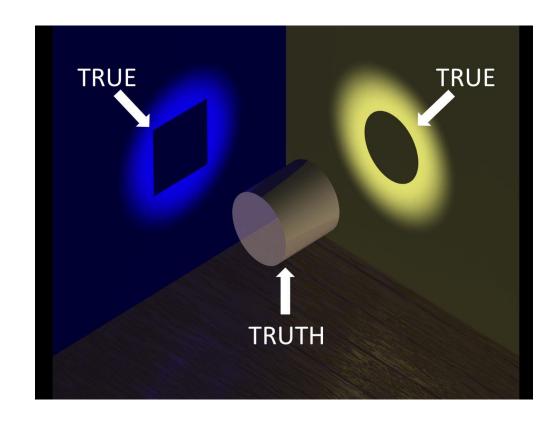
Geriatric Surgery

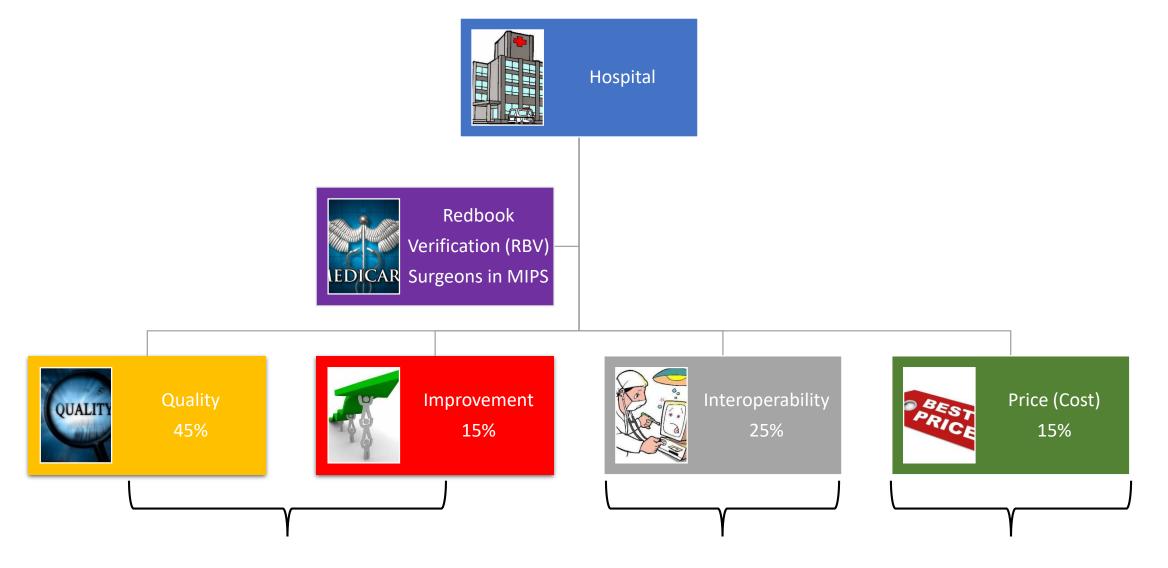
What to measure and how to measure

- Knowing what to measure
- Knowing how to measure
- A sole source of truth









60% scored on 100 points:

- 1. Redbook Verification (RBV) standards
- 2. Conformance measures (NSQIP)
- 3. Performance measures (PROs)

25% scored on 100 points: CMS Criteria 15% scored [TBD]