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Making the Grade: The Surgeon Report Card

Peter Shamamian, MD FACS
Professor of Surgery
Vice President and Chief Quality Officer
Vice Chairman, Quality Improvement and Performance

If you don't know where you are going, any road will get you there.

Lewis Carroll

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The days of the solitary physician toiling in isolation are long gone. Increasingly, physicians are practicing in teams within complex organizations, and the quality and safety of health care depend on all team members and the system in which they work.

Physicians could make a much stronger case for continued self-governance if they took a more visible and vigorous leadership role in efforts that led to major improvements in the quality and safety of patient care.

Aiming Higher to Enhance Professionalism Beyond Accreditation and Certification

Mark R. Chassin, David W. Baker, *JAMA.* 2015;313(18)

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CMS Inpatient Pay for Performance Programs

Data sources for hospital and physician ratings

1. **Readmission Reduction Program**
2. **Value-Based Purchasing (VBP)**
3. **Hospital Acquired Condition (HAC) Reduction Program**

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Readmission Reduction

Applicable conditions

- **For FY 2013 penalties**
  - Acute myocardial infarction (AMI)
  - Heart Failure (HF)
  - Pneumonia (PNE)
- **For FY 2015-2017 penalties add**
  - Chronic Obstructive Pulmonary Disease (COPD);
  - Orthopedic Total Knee/Hip Arthroplasty (THA/ TKA);
  - Post op Coronary Artery Bypass Grafting (CABG);

Data source

- Medicare administrative claims data
- Risk adjustment based on hospital case mix

Readmission definition

- Return to hospital within 30-days of eligible index admission
- All-cause readmissions

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CMS:Value Based Purchasing (VBP)

- Penalties applied staring in FY 2013
  - Clinical process- Core Measures- AMI, HF, PNE, SCIP
  - Patient experience- Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS)
  - Expanded
    - Outcomes/Safety domain
      - 2014 - Mortality-AMI, HF, PNE
      - 2015 - PSI-90 and CLABSI
      - 2016 - CAUTI and SSI
    - Efficiency domain- spending per Medicare beneficiary- 2015
- At risk – CMS payments and your reputation
- Two year lag from data collection and penalties
- Hospital performance is relative to other hospitals

Clinical Process of Care (Core Measure)

Based on abstraction from the medical record

AMI	Aspirin p… …scharge
	Fibrinolytic … …l within 30 minute…
	Primary percu… …ention (PCI) … …tes of arrival
HF	Discharge instruc…
	Evaluation of left ve… …li…
	ACE-I or ARB for left v… …iction
Pneu	Blood culture performed … …t antibiotic
	Appropriate antibiotic sele…
SCIP	Venous thromboembol… …within 24 hrs of surgery
	Prophylactic antibiot… …urgery
	Prophylactic antib… …for s… …s
	Prophylactic an… …tinued wit… …8 hrs for CTS)
	Cardiac surg… …th 6 AM contro… …O day 1 & 2)
	Urinary ca… …d on post-op day 1 o…
	Surger… …received beta blockers pe…

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Experience: ssessment of Healthcare System (HCAHPS)

HCAHPS Survey Dimensions	
Communication with nurses	
Communication with doctors	
Responsiveness of hospital staff	
Pain management	
Communication about medications	
Cleanliness and quietness	
Discharge information	
Overall rating of hospital	

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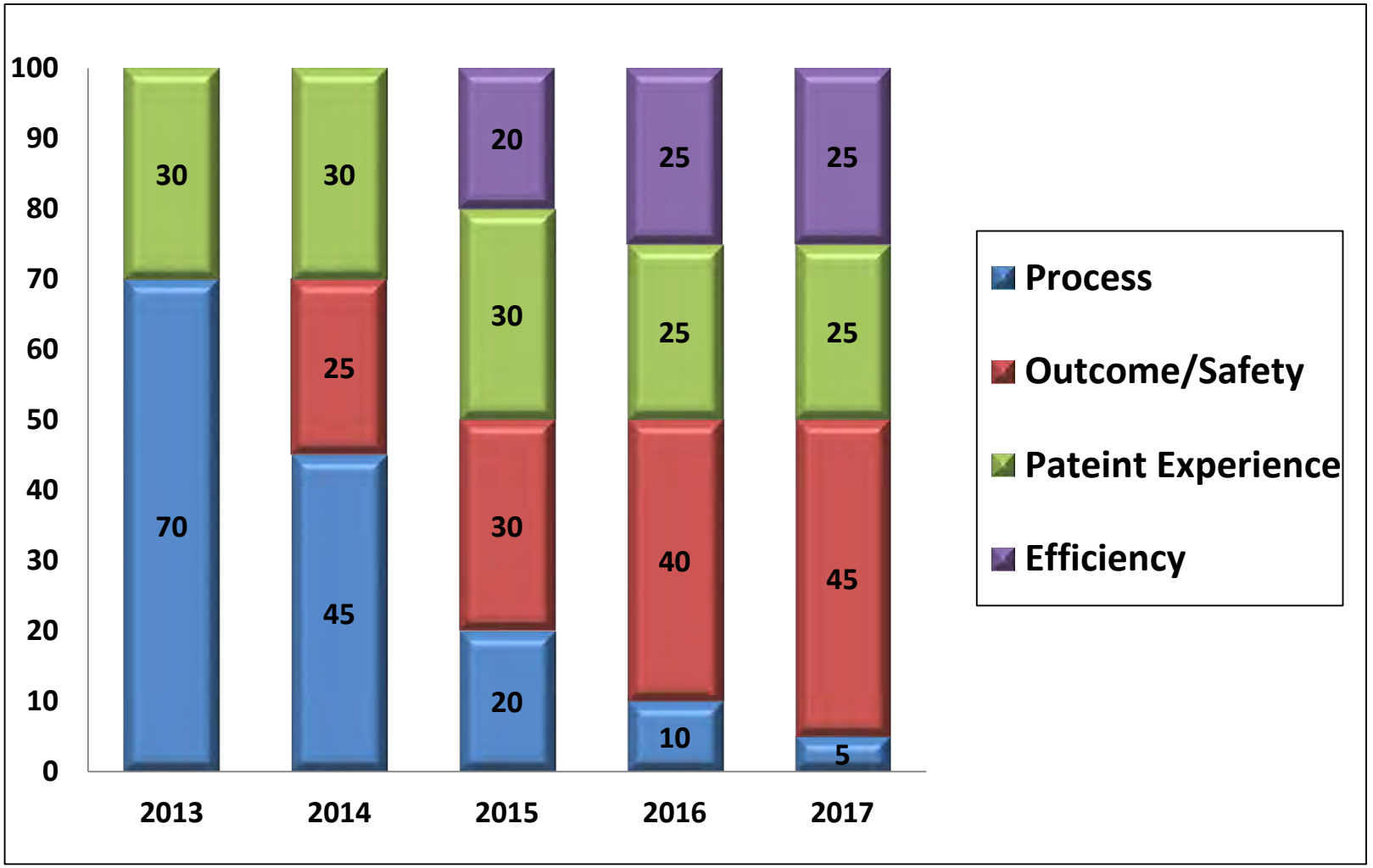
Changes in VBP Indicator Weighting: from Process to Outcome



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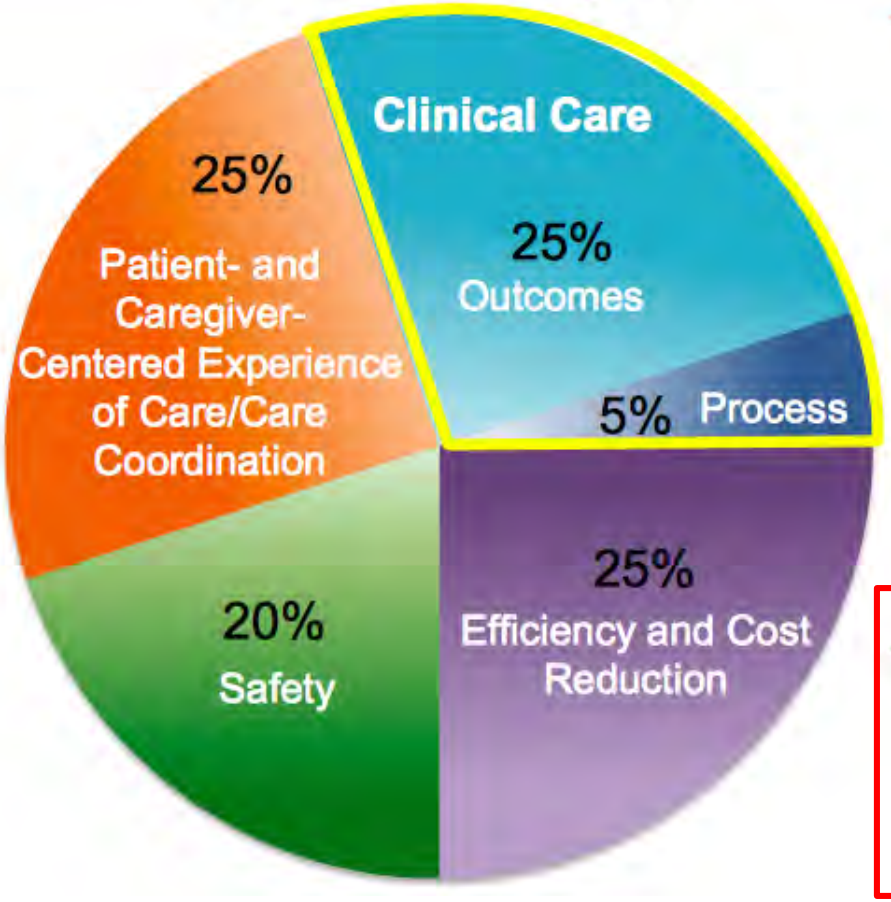
FY 2017 Domain Weights and Measures

Domain Weights



Patient- and Caregiver-Centered Experience of Care/Care Coordination

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Clinical Care

Outcomes	Process
MORT-30-AMI	AMI-7a
MORT-30-HF	IMM-2
MORT-30-PN	PC-01*

Efficiency and Cost Reduction

MSPB-1

Safety

CLABSI
CAUTI
SSI: Colon & Abdominal Hysterectomy
MRSA Infections*
C-*difficile* Infections*
AHRQ PSI-90

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Agency for Health Care Research and Quality (AHRQ)
Patient Safety Indicators (PSI-90)
Administrative data based on documentation

PSI-3: Pressure Ulcer rate - 2.4%
PSI-6: Iatrogenic pneumothorax rate – 7.1%
PSI-7: CLABSI– 6.5%
PSI-8: Post operative hip fracture rate – 0.1%
PSI-12: Perioperative PE/DVT rate – 25.8%
PSI-13: Post Operative sepsis rate - 7.4%
PSI-14: Wound dehiscence rate - 1.7%
PSI-15: Accidental puncture and laceration – 49.2%

HAC Reduction Program Framework 2017
Bottom 25% of hospitals penalized

Domain 1
(AHRQ Measure)

Weighted 25%

AHRQ PSI-90 Composite

This measure consists of performance period from July 1, 2012 – June 30, 2014:

PSI-3: pressure Ulcer rate - 2.4%

PSI-6: Iatrogenic pneumothorax rate – 7.1%

PSI-7: central venous catheter-related blood stream infection rate – 6.5%

PSI-8: Post operative hip fracture rate – 0.1%

PSI-12: Perioperative PE/DVT rate – 25.8%

PSI-13: Post Operative sepsis rate - 7.4%

PSI-14: wound dehiscence rate - 1.7%

PSI-15: accidental puncture and laceration – 49.2%

Domain 2
(CDC Measures)

Weighted 75%

CAUTI
CLABSI
Surgical Site Infection
Colon Surgery
Abdominal Hysterectomy
MRSA
C Diff

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Overlap between VBP and HAC programs

- Surgical Site Infections
  - Colorectal surgery
  - Hysterectomy
- Patient Safety Indicators
- Catheter Associated Urinary Tract Infections (CAUTI)
- Central Line Associated Blood Stream Infections (CLABSI)
- Methicillin-resistant *Staphylococcus aureus*
- *Clostridium difficile*

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Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

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Home

Due to a required infrastructure upgrade, the October 2014 Hospital Compare Release will be limited to a refresh of Medicare Spending Per Beneficiary data, and posting of Hospital Value-Based Purchasing aggregate payment information. The next scheduled data update is December 2014.

Find a hospital

A field with an asterisk (*) is required.

* **Location**

Example: 45802 or Lima, OH or Ohio

ZIP Code or City, State or State

Hospital Name (optional)

Full or Partial Hospital Name

Search

Share

Spotlight

- View hospital survey reports.
- Inpatient psychiatric facility measures
- American College of Surgeons (ACS) surgical outcomes measures – voluntary reporting by hospitals participating in the ACS National Surgical Quality Improvement Program database (ACS NSQIP®). Data updated: July 2014
- American College of Cardiology PCI Readmission Measure - voluntary reporting by National Cardiovascular Data Registry® CathPCI Registry® hospitals. Oct. 2013 data now available

Additional information

- **Hospital Compare data last updated**: October 9, 2014. Go to updates.
- Download the Hospital Compare database
- Get Hospital Compare data archives.
- Linking quality to payment:
  - Hospital Value-Based Purchasing Program (HVBP):
    - Fiscal Year 2014 Data and Scoring
      Data updated Dec. 2013
    - NEW Fiscal Year 2013 Incentive Payment Adjustments
      Data updated Oct. 2014
  - Hospital Readmissions Reduction Program
    Data updated Dec. 2013
- Number of selected surgical procedures performed in outpatient surgical departments.
- For hospitals: update your address, phone number and other administrative data.

Tools and Tips

- Learn how Medicare covers inpatient and outpatient hospital services.
- Use The Guide to Choosing a Hospital when comparing hospitals.
- Get tips for printing hospital information
- Compare Other Providers and Plans
  - Visit Physician Compare to learn what hospitals your physicians and other healthcare professionals are affiliated with.
  - Nursing Home Compare
  - Home Health Compare
  - Dialysis Facility Compare
  - Medicare Plan Finder
  - Supplier Directory

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Fall 2014 Hospital Safety Scores are now available!
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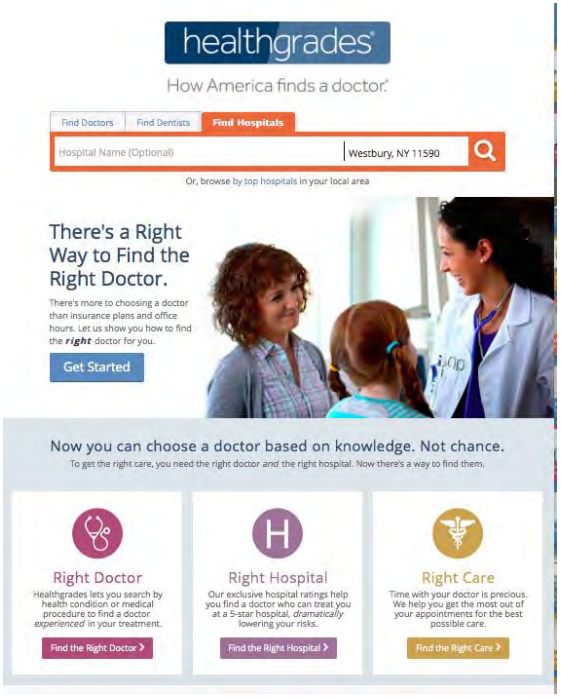
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Get Started
Now you can choose a doctor based on knowledge. Not chance.
To get the right care, you need the right doctor and the right hospital. Now there's a way to find them.
Right Doctor
Healthgrades lets you search by health condition or medical procedure to find a doctor experienced in your treatment.
Find the Right Doctor
Right Hospital
Our exclusive hospital ratings help you find a doctor who can treat you at a 5-star hospital, dramatically lowering your risks.
Find the Right Hospital
Right Care
Time with your doctor is precious. We help you get the most out of your appointments for the best possible care.
Find the Right Care

Hospitals reputation can affect your reputation

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- Search for Top Hospitals
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ANGIE'S LIST GUIDE TO

General Surgery

General surgery is a specialty that focuses on the abdomen and the digestive system in addition to many diseases and conditions involving skin, breasts, soft tissues and hernias.

When looking for a general surgeon, find one who is properly licensed, trained and with whom your feel comfortable.

When are surgeons evaluated?

- Board certification
- Hospital credentialing
- Malpractice insurance
- Patient referrals
- Triple Aim/Gain Sharing and bonus programs

Why Rate Surgeons?

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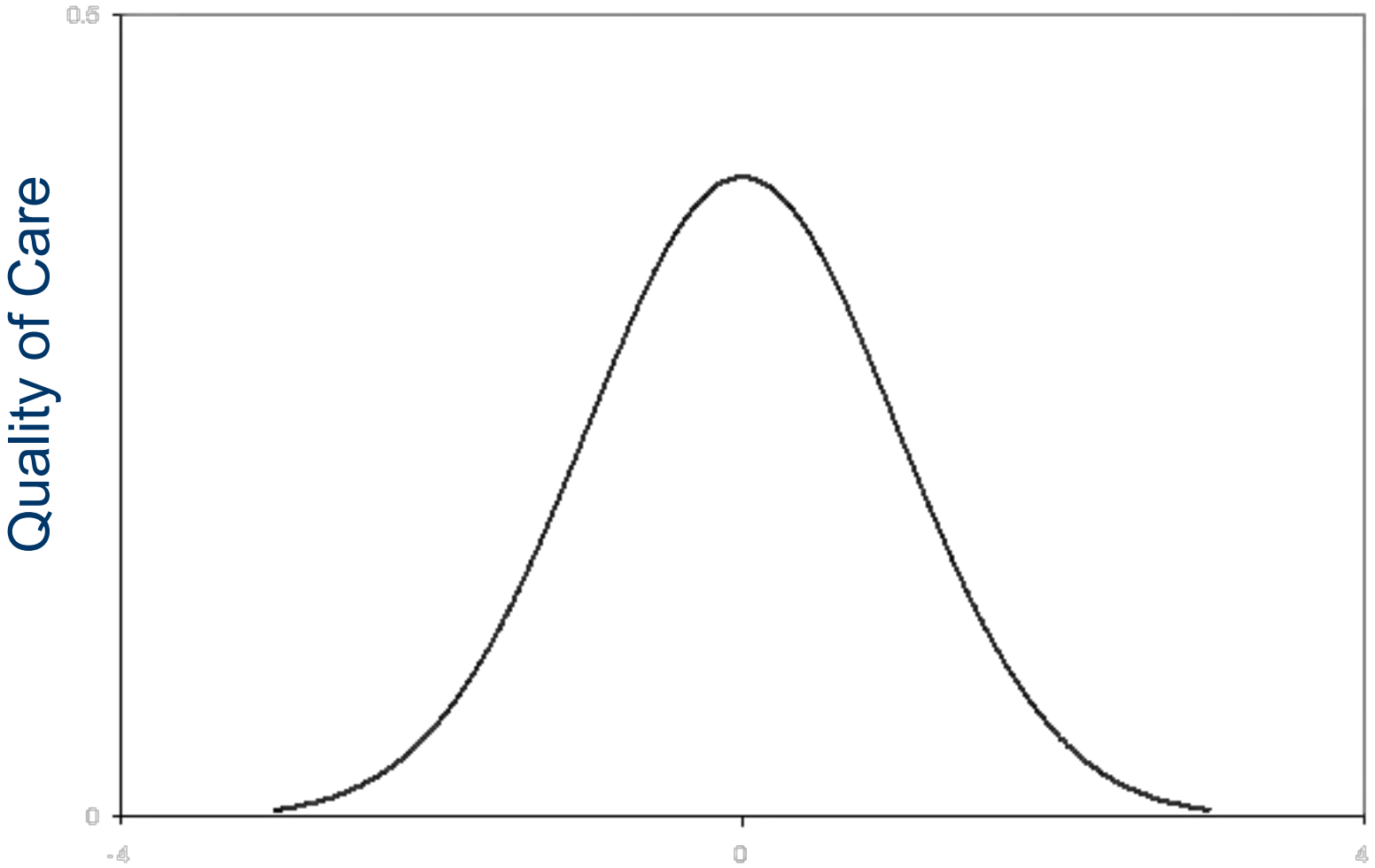

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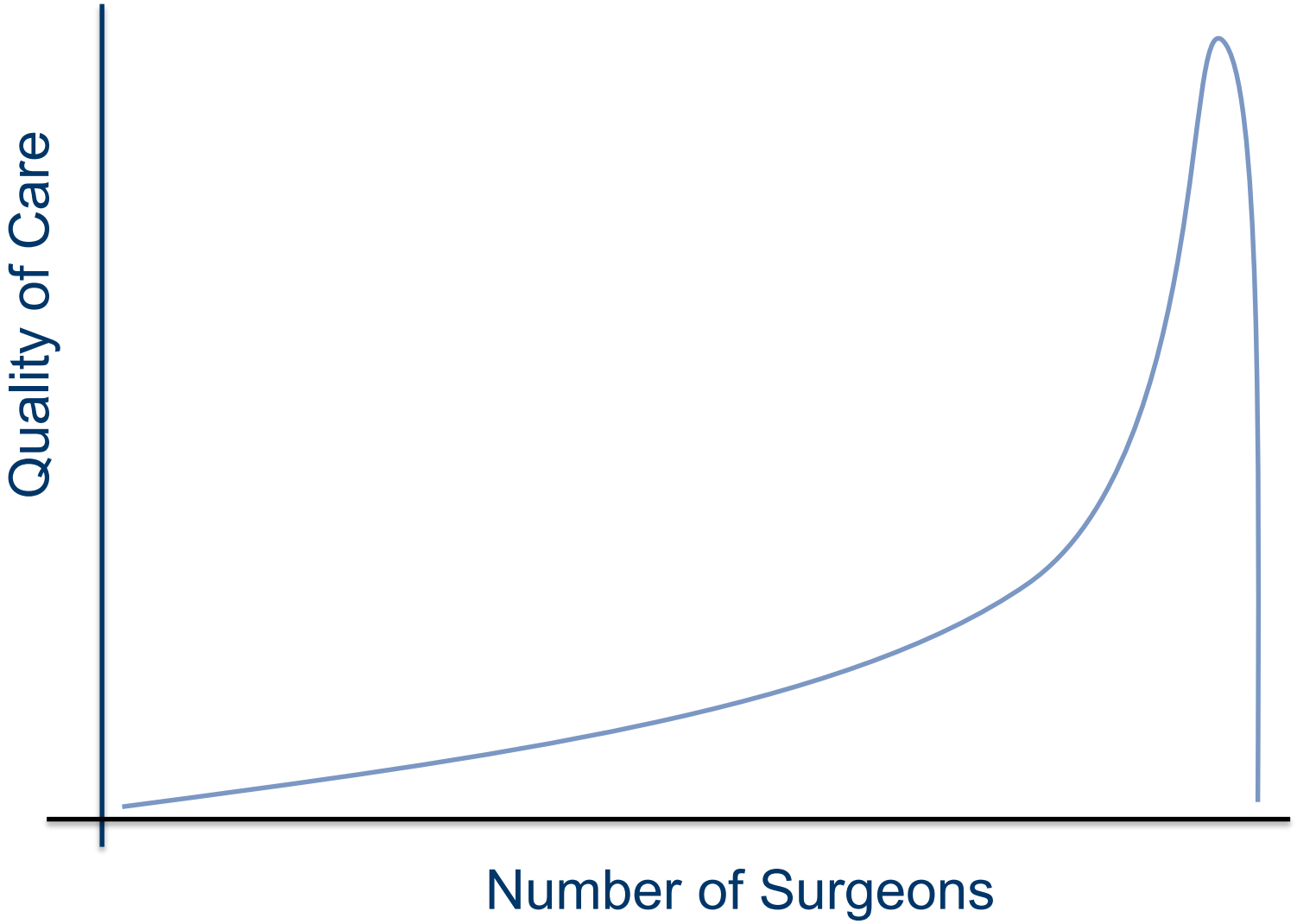

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Why Rate Surgeons?

- The public has a right to know the quality of surgical outcomes
- Ethical responsibility
- Benchmark for improvement

Origins of Quality in Surgery

Hammurabi King of Babylon, 1750 BC

Code of Hammurabi 218 (Quality):

- If a physician make a large incision with the operating knife, and kill him, or open a tumor with the operating knife, and cut out the eye, his hands shall be cut off.

Lessons Learned for Cardiac Surgery

- Mostly driven by state requirements
- Society of Thoracic Surgery leadership
- Overall benefit of public reporting is unproven
- Provides transparency and accountability
- May facilitate quality improvement
- No substantial impact on patient referral patterns or market share
- Avoid excessive focus on process measures
- Unintended consequences include including gaming and risk aversion

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Surgeon Scorecard

by Sisi Wei, Olga Pierce and Marshall Allen, ProPublica, Updated July 15, 2015

Guided by experts, ProPublica calculated death and complication rates for surgeons performing one of eight elective procedures in Medicare, carefully adjusting for differences in patient health, age and hospital quality. Use this database to know more about a surgeon before your operation.

READ OUR STORY

Making the Cut: Why Choosing the Right Surgeon Matters Even More Than You Know

METHODOLOGY

Read how we calculated complications and the key questions we considered.

EDITOR'S NOTE

Why ProPublica is naming surgeons and what experts are saying about it

Find Near Me | Find a Surgeon | Find a Hospital

Surgeons and Hospitals Near My Location

ex: 155 4th Avenue, New York, New York

Knee Replacement

Use My Location

...or jump straight to your state: Pick a state

Eight Elective Procedures

We focused on procedures done thousands of times a day, mostly without incident. They are scheduled in advance and generally performed on patients in stable health. We excluded patients who came in through the emergency room or from facilities like nursing homes. Read our methodology »

Knee Replacement
Replace diseased knee joint with an artificial knee.

Hip Replacement
Replace diseased hip joint with an artificial hip joint.

Gallbladder Removal, Laparoscopic
Minimally invasive gallbladder removal.

Lumbar Spinal Fusion, Posterior Column
The fusing of two or more vertebrae in the lower back, performed on the back portion of the spine.

Lumbar Spinal Fusion, Anterior Column
The fusing of two or more vertebrae in the lower back, performed on the front portion of the spine.

Prostate Removal
The removal of the entire prostate gland via the open or laparoscopic or robotic method.

Prostate Resection
The resection and removal of a portion of the prostate through the urethra.

Cervical (Neck) Spinal Fusion
The fusing of two or more vertebrae of the neck, using orthopedic devices to hold them in place.

Surgeons, Not Hospitals

Conventional wisdom tells patients to simply choose a good hospital when they need surgery. But ProPublica has found that even within "good" hospitals, performance between surgeons can vary significantly. Half of all hospitals in America have surgeons with low and high complication rates. Read our story »

16,019
Surgeons rated in ProPublica's analysis

63,173
Medicare patients were readmitted with complications between 2009 and 2013

3,405
Medicare patients died during a hospital stay for elective surgery between 2009 and 2013

Background Stories

How Many Die From Medical Mistakes in U.S. Hospitals?
An updated estimate says it could be at least 210,000 patients a year – more than twice the number in the Institute of Medicine's frequently quoted report, "To Err is Human."

The Two Things That Rarely Happen After a Medical Mistake
Patients seldom are told or get an apology when they are harmed during medical care, according to a new study based on results from ProPublica's Patient Harm Questionnaire.

We're Still Not Tracking Patient Harm
Top patient-safety experts call on Congress to step in and, among other steps, give the Centers for Disease Control and Prevention wider responsibility for measuring medical mistakes.

Read the entire series »

ProPublica Rational to Attribute Outcomes to the Surgeon

"The best interest of the patient is thus optimally served because of the surgeon's comprehensive knowledge of the patient's disease and surgical management. "

https://www.facs.org/about-acs/statements/25-perioperative#sthash.lMw4TDGW.dpuf

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Ex: Huntington Memorial Hospital, Brigham and Women's Hospital

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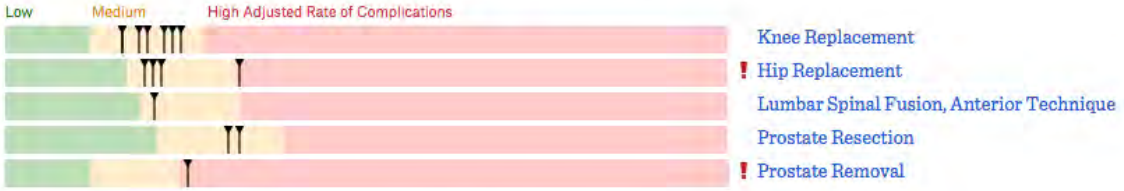
How Surgeons at This Hospital Perform, by Procedure

KEY: An individual surgeon who performs this procedure at this hospital.

! At least one surgeon performing this procedure has a high adjusted rate of complications.



Gallbladder Removal, Laparoscopic: No surgeons met the volume requirement of 20 for this procedure.
Lumbar Spinal Fusion, Posterior Technique: No surgeons met the volume requirement of 20 for this procedure.
Cervical (Neck) Spinal Fusion: No surgeons met the volume requirement of 20 for this procedure.

How we calculated these rates: Guided by top researchers and doctors, ProPublica used Medicare data from 2009-2013 to identify cases where a patient died in the hospital or had to be readmitted within 30 days for a problem related to one of these elective procedures. We then calculated complication rates for surgeons, carefully accounting for differences in patient health, age and hospital quality. These rates are calculated using data from Medicare records, which do not include patients with private insurance or in another program like Medicaid. A surgeon's rate spans all hospitals at which he or she operates and is not unique to a given hospital. Read our methodology »

Important: Some surgeons may no longer be operating at this hospital.

Hover over underlined items to see details.

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ProPublica Surgeon Scorecard Cohort Selection

- Medicare fee for service in-patient 2009 – 2013
- Excluded trauma, transfers, high-risk cases with complications beyond surgeon's control
- Common elective surgeries in 3,575 hospitals
- 16,827 surgeons with ≥20 cases

ICD-9 Code	Procedure	N
51.23	Laparoscopic cholecystectomy	201,351
60.5	Radical prostatectomy	78,763
60.29	Transurethral prostatectomy (TURP)	73,752
81.02	Cervical fusion of the anterior column, anterior technique	52,972
81.07	Lumbar and lumbosacral fusion of the posterior column, posterior technique	106,689
81.08	Lumbar and lumbosacral fusion of the anterior column, posterior technique	102,716
81.51	Total hip replacement	494,576
81.54	Total knee replacement	1,190,631
Total		2,376,851

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Outcomes: “adjusted “ complication rates

- 3,405 who died within 30 days
- 63,173 patients readmitted within 30 days with complication

Complication type	N	Example
Infection	13,899	998.59 - *Postoperative infection*
Clot	7,732	415.11 - *Iatrogenic pulmonary embolism*
Reaction	5,164	996.6 - *Infection and inflammatory reaction due to internal joint prosthesis*
Mechanical	4,850	996.47 - *Mechanical complication of prosthetic joint implant*
Sepsis	4,702	03.89 - *Septicemia*
Bone	3,535	996.44 - *Peri-prosthetic fracture around prosthetic joint*
Death	3,470	
Hematoma	3,168	998.12 - *Hematoma complicating a procedure*
Wound	2,793	998.2 - *Accidental puncture or laceration during a procedure*
Hemorrhage	2,698	998.11 - *Hemorrhage complicating a procedure*
Pain	2,169	338.18 - *Acute postoperative pain*
Digestive	1,957	997.49 - *Digestive system complications*
C.diff	1,843	00.845 - *Intestinal infection due to Clostridium difficile*
Misc. Comp.	1,531	787.22 - *Dysphagia, oropharyngeal phase*
Vascular	1,159	997.2 - *Surgical complications of the peripheral vascular system*
Inflammation	931	604.99 - *Orchitis, epididymitis, and epididymo-orchitis, no mention of abscess*
Seroma	673	998.13 - *Seroma complicating a procedure*
Fever	520	780.62 - *Postprocedural fever*
Urinary	486	997.5 - *Surgical complications of the urinary tract*

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Concerns about ProPublica Surgeon Scorecard

- Focus on readmissions
  - Complication plausibly associated with surgery
  - But most complications (67%) occur with in the index admission
- Does not consider hospital to hospital differences
- Relies on claims data
- Risk adjustment- not validated

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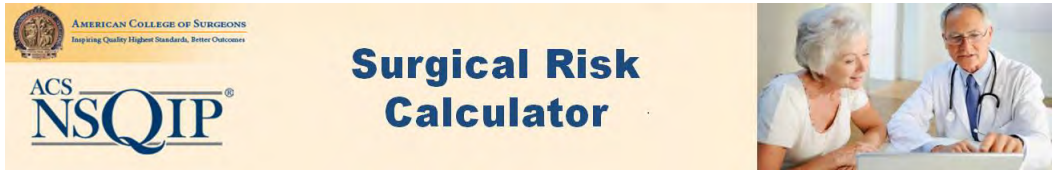
American College of Surgeons (ACS) National Surgical Quality Improvement Program

- Started by the Veterans Health Administration in 1991
- Implemented by ACS into private sector hospitals 2001
- Worldwide there are >400 participating hospitals
- Abstracted from medical record not claims data
- Data-driven, risk-adjusted, 30 day outcomes
- Satisfies CMS structural measure for **Hospital Inpatient Quality Reporting (IQR) Program**
- Cam be used for ABS MOC requirement, and JC OPPE
- Surgeon specific to hospital reports with benchmarks



Risk Calculator Homepage | About | FAQ | ACS Website | ACS NSQIP Website

Enter Patient and Surgical Information

Procedure 44140 - Colectomy, partial; with anastomosis — Clear

Begin by entering the procedure name or CPT code. One or more procedures will appear below the procedure box. You will need to click on the desired procedure to properly select it. You may also search using two words (or two partial words) by placing a '+' in between, for example: "cholecystectomy+cholangiography"

Reset All Selections

Are there other potential appropriate treatment options? ☐ Other Surgical Options ☐ Other Non-operative options ☑ None

Please enter as much of the following information as you can to receive the best risk estimates.
A rough estimate will still be generated if you cannot provide all of the information below.

Age Group	65-74 years	Diabetes	Insulin
Sex	Male	Hypertension requiring medication	Yes
Functional status	Partially Dependent	Previous cardiac event	Yes
Emergency case	No	Congestive heart failure in 30 days prior to surgery	No
ASA class	III - Severe systemic disease		
Wound class	Clean/ Contaminated	Dyspnea	With Moderate exertion
Steroid use for chronic condition	Yes	Current smoker within 1 year	Yes
Ascites within 30 days prior to surgery	No	History of severe COPD	No
Systemic sepsis within 48 hours prior to surgery	None	Dialysis	No
		Acute Renal Failure	No
Ventilator dependent	No	BMI Calculation: Height (in)	69
Disseminated cancer	No	Weight (lbs)	189

Back Continue

Step 2 of 4

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American College of Surgeons
Inspiring Quality Highest Standards, Better Outcomes

ACS NSQIP®

Surgical Risk Calculator

Risk Calculator Homepage | About | FAQ | ACS Website | ACS NSQIP Website

Procedure 44140 - Colectomy, partial; with anastomosis

Risk Factors Age: 65-74, Male, Partially dependent functional status, ASA III, Clean/Contaminated wound, Chronic steroids, Diabetes (insulin), HTN, Previous cardiac, Dyspnea with exertion, Smoker, Overweight

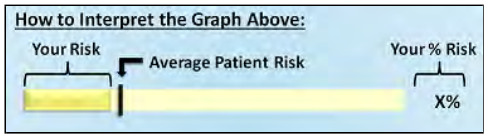
Change Patient Risk Factors

Outcomes	Estimated Risk	Chance of Outcome
Serious Complication	28%	Above Average
Any Complication	46%	Above Average
Pneumonia	10%	Above Average
Cardiac Complication	6%	Above Average
Surgical Site Infection	23%	Above Average
Urinary Tract Infection	6%	Above Average
Venous Thromboembolism	3%	Above Average
Renal Failure	6%	Above Average
Return to OR	12%	Above Average
Death	6%	Above Average
Discharge to Nursing or Rehab Facility	18%	Above Average

0% (Better) 100% (Worse)

Predicted Length of Hospital Stay: 6.0 days

How to Interpret the Graph Above:



Surgeon Adjustment of Risks

This will need to be used infrequently, but surgeons may adjust the estimated risks if they feel the calculated risks are underestimated. This should only be done if the reason for the increased risks was NOT already entered into the risk calculator.

1 - No adjustment necessary

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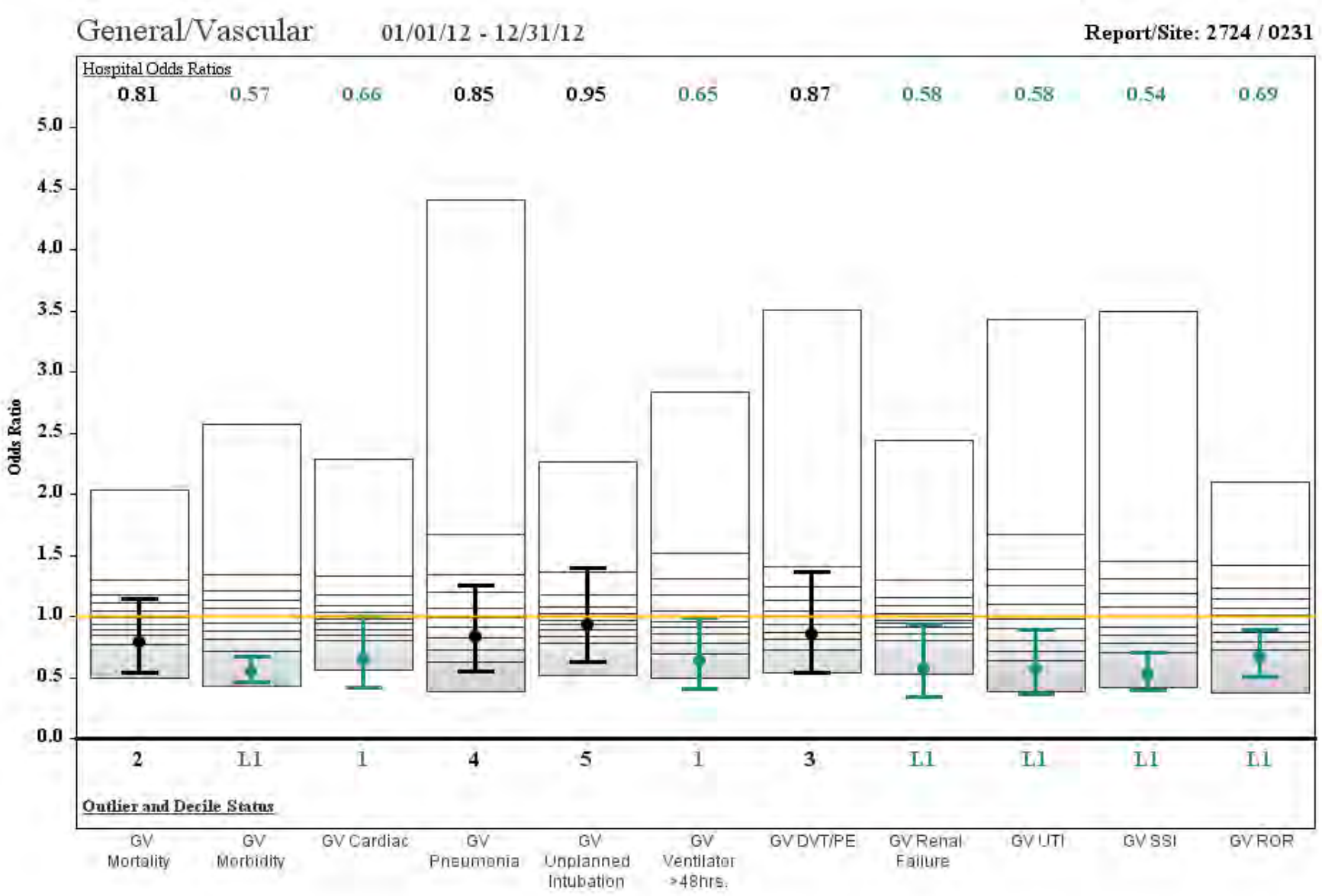
General/Vascular



Preparing for your report card (choosing the road)

- Know your hospitals performance on publicly reported measures
- Participate in hospital PI projects
- Review your performance
  - Know your outcomes
  - Make a plan to continuously improve
  - Minimize variability
  - Monitor patient comments

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