

# Dateline Washington

prepared by the Division of Advocacy and Health Policy

## **NQF approves ACS quality measures**

In April, the National Quality Forum (NQF) and one of its steering committees approved quality measures recommended by the American College of Surgeons and related organizations. More specifically, on April 12, the NQF endorsed the first nationally recognized hospital-based performance measures for quality of care for breast and colorectal cancer. Leading this effort were the College's Commission on Cancer, the American Society of Clinical Oncology, and the National Comprehensive Cancer Network. For more information about the approved cancer measures, see the article on page 40.

In addition, on April 3, the NQF's Steering Committee on Consensus Standards for Hospital Care approved a set of five physician-level performance measures the College proposed. The ACS developed the metrics in collaboration with the American Medical Association's Physician Consortium for Performance Improvement, the National Committee for Quality Assurance, and numerous surgical specialty and anesthesiology organizations. The measures seek to reduce surgical site infections and focus on timing for administration of antibiotic prophylaxis, selection of prophylactic antibiotics, and discontinuation of prophylactic antibiotics. Each measure has a distinct list of relevant procedures to which it applies.

The measures were previously approved in October 2006 by the AQA, a multistakeholder alliance concerned with the implementation of quality measures, and have been adopted by the Centers for Medicare & Medicaid Services (CMS) for use in the Physician Quality Reporting Initiative, a new pay-for-reporting program that begins July 1. The measures are now subject to NQF's public comment period, which will be followed by final approval. The antibiotic measures are part of the Perioperative Care Measure Set, which also includes a deep vein thrombosis prophylaxis measure that is currently in the NQF voting phase. For further information, contact Courtney Maggiulli at [cmaggiulli@facs.org](mailto:cmaggiulli@facs.org).

## **Trauma reauthorization bill passed**

Both the U.S. House of Representatives and Senate passed the Trauma Care Systems Planning and Development Act of 2007, H.R. 727, before Congress' spring recess. This legislation reauthorizes the Health Resources and Services Administration's (HRSA's) Trauma-Emergency Medical Services (EMS) program through fiscal year (FY) 2012, with authorization set at \$12 million for FY 2008, \$10 million for FY 2009, and \$8 million for 2010–2012. The bill also creates a new competitive grant program for states that have already begun establishing a trauma system using national standards and protocols. At press time, President Bush had not yet signed the legislation.

To ensure that the program receives adequate funding, the College is asking its members to contact their legislators and ask that they support \$12 million in the appropriations bill from the Senate Committee on Labor, Health & Human Services, and Education for HRSA's Trauma-EMS program for FY 2008. To contact members of Congress, go to the College's Legislative Action Center at <http://www.capitolconnect.com/acspa/>, and for more information, contact Adrienne Roberts at [aroberts@facs.org](mailto:aroberts@facs.org).

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## **Tougher standards set for FDA advisors**

On March 21, the U.S. Food and Drug Administration (FDA) announced a new draft guidance that would implement a more stringent approach to considering potential conflicts of interest for advisory committee members and meeting participants. The FDA currently screens prospective advisory committee participants before each meeting to determine whether they have any potential financial conflicts of interest. However, according to policy, the FDA may grant waivers to a prospective participant if, for example, the individual's expertise outweighs the potential for a conflict of interest.

The draft guidance would replace a directive issued in 2000 on FDA waiver criteria, which addressed the variables that may apply in determining whether an individual qualifies for advisory committee membership and meeting participation. The FDA has since found that the 2000 guidance is too complex to achieve consistent results. The agency anticipates that this new directive would help to standardize the process of recommending waivers. For further information, go to <http://www.fda.gov/oc/advisory/waiver/coiguideft.html>.

## **Bidding rules for DMEPOS announced**

The Medicare program recently announced rules for competitive bidding of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) for 2008. The rules include an exception that allows physicians to furnish items on the list of products to their patients without having to participate in the competitive bidding process. The competitive bidding program will launch in the following metropolitan statistical areas: Charlotte-Gastonia-Concord, NC-SC; Cincinnati-Middletown, OH-KY-IN; Cleveland-Elyria-Mentor, OH; Dallas-Fort Worth-Arlington, TX; Kansas City, MO-KS; Miami-Ft. Lauderdale-Miami Beach, FL; Orlando, FL; Pittsburgh, PA; Riverside-San Bernardino-Ontario, CA; and San Juan-Caguas-Guaynabo, PR.

For more information, visit <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2097&intNumPerpage=10>.

## **Rumors sink Georgia CON bill**

In a major disappointment to the surgical community, all three certificate of need (CON) reform bills under consideration in the Georgia General Assembly failed to make the "crossover" deadline of March 27. Crossover is the point at which bills are passed in one house and sent on to the other chamber or are seen as dead for the year. (Legislative language can still be adopted in the latter instance if amended to a bill that survived the deadline.) One of the bills, H.B. 337, specifically would have redefined general surgery as a single specialty. Currently, general surgery is defined as a multispecialty in Georgia and, therefore, is ineligible for the single-specialty exemption in the state's CON law for ambulatory surgery centers. It appeared that H.B. 337 might make it through the business session of the Georgia House on March 27, but then rumors began spreading alleging that approval of the bill would make it possible for general surgeons to perform complex surgical procedures in their offices and to open abortion clinics. As a result, with a procedural vote of 112-52, the bill was recommitted to the House Rules Committee. For more information, contact Jon Sutton at [jsutton@facs.org](mailto:jsutton@facs.org).