

Performance measures and the practicing surgeon

by **Elizabeth Hoy, MHA,**

Assistant Director of Regulatory Affairs & Quality Improvement Programs,
Division of Advocacy and Health Policy

It's become increasingly difficult for practicing surgeons to ignore the relentless push in the health care marketplace for physician-level performance measures. Rapidly escalating costs, increasing public awareness of gaps in quality and medical errors, and benefit plan designs that emphasize consumer choice have led to heightened efforts to publicly report on the level of services delivered through our nation's health care system.

Although efforts to measure the outcomes of medical and surgical care have been around since the early 1900s, the emphasis on performance measurement for health care professionals and other providers has increased dramatically in the last 10 years. Providers, professional associations, payors, regulators, accrediting organizations, and consumer advocates have begun to make significant changes in their views about monitoring and improving the quality of health care.

Approaches to quality measurement

Generally, quality-improvement strategies follow a combination of three strategies: public reporting of performance information, payments that are linked to quality of care (pay for performance), and structured quality-improvement

processes. Each approach provides powerful incentives for health care professionals, facilities, and patients to do their part to improve the quality of care. However, each strategy depends on the availability of accurate, reliable, and valid performance measures, and such measures are not uniformly available across the spectrum of care.

Well-designed performance measures create an objective assessment of how well health care professionals and other providers adhere to evidence-based standards of care to achieve desired outcomes. Measures may be used to evaluate the structure, process, and outcome of care. Examples of structural quality measures include staff certifications, accreditation, and whether a practice or facility has the information technology in place to easily and accurately monitor and report on patient care. Structural measures are often thought of as minimum standards—necessities rather than quality assurance or improvement devices.

Measures that look at processes of care provide more direct evidence of quality of care because they document whether key activities were carried out during the patient's care. Immunization rates and administration of prophylactic antibiotics to prevent surgical wound infections are examples

of process measures, as are most measures of a patient's experience, such as whether a physician explains tests and treatments in an understandable way.

The ultimate measures of quality examine whether the outcomes for a population of patients are better, the same, or worse than expected for other patients with comparable conditions. Commonly tracked outcomes measures include rates of surgical site infection, mortality, and hospital readmission within a defined period of time. Outcomes measures better reflect the totality of care provided, not just component processes and procedures.

Status of surgical measures

To date, most quality measures have centered on preventive and chronic care. Quality measures for surgery are more difficult to develop because of some key distinctions in the way surgical care is delivered. Surgery is more episodic, and the outcome of a surgical intervention is more immediate and clear than with disease management, prevention, and screening activities that may span many years. As a result, surgical care lends itself much more readily to rigorous clinical outcome measurement than primary care. Furthermore, surgeons tend to have more focused areas of practice that make it difficult to apply broad quality measurement sets. Although some measures may apply across surgical specialties, measurement sets that are specific to each surgical specialty also are needed.

With such a variety of metrics in use throughout the health care system, how can a practicing surgeon know whether the methods proposed to evaluate surgical performance are useful in measuring quality? One way to assess usefulness is to find out if the measure has been developed through a rigorous research-based process, such as the one that is used in the American Medical Association's (AMA) Physician Consortium for Performance Improvement.* This panel comprises representatives of more than 50 specialty societies and methodological experts in measure development. They accept proposals for measures from member societies and other groups, then evaluate and test the proposed metrics to determine whether they are actionable, whether they are based on established clinical recommendations

and evidence, and whether it is feasible to collect the supporting data.

The National Quality Forum (NQF)[†] is another organization working to create a standardized national set of measures that can be used to evaluate the entire spectrum of care. The NQF has a broad membership of providers, payors, and health plans. The NQF sets priorities for measure development and endorses national standards for measurement and public reporting of health care performance data that provide meaningful information about quality of care based on consensus from the broad spectrum of their membership. Thus, the NQF has endorsed quality measures developed by the AMA's Consortium, which have then been adopted for use by the Centers for Medicare and Medicaid Services and private-sector payors and purchasers.

The College is a member of the AMA's consortium, has a seat on the NQF, and is active in a number of other efforts to create performance measures for surgery that are evidence based and represent priority areas for surgical care. The College also continues to make progress in bringing the ACS National Surgical Quality Improvement Program into the private sector and is working with other surgical specialty societies to create performance measures that are common to all surgical specialties. Finally, the ACS is working to aggregate the demand across all of the entities (health plans, purchasers, and the government) that are using measures for quality improvement and pay for performance. The purpose of these efforts is to promote agreement on common measurement sets and protect our members from having to report multiple different performance measures for different audiences and purposes. □

*More information about the AMA Physician Consortium on Performance Measurement can be found at <http://www.ama-assn.org/ama/pub/category/2946.html>.

[†]More information about The National Quality Forum can be found at <http://www.qualityforum.org>.