

# Verification should only be based on outcomes - PRO

Michael Chang MD



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*



# Structure



# Process



# Outcome

- Structure and process emphasized in time when outcomes not available
- Assumptions (out of necessity)
  - One size fits all
  - Appropriate structure and function would lead to good outcomes
- Verification based upon structure and process
  - Disadvantages
    - FTE-heavy
    - Subjective evaluation process for verification
- If comparable outcomes were available, evolution different

# Value Based Purchasing

- Zero-sum game, losers pay the winners
- Domain outcomes
  - Mortality, infection rates, LOS, complications
- P4P drives
  - Innovation
  - Emphasis on strengths, minimize weaknesses
  - Minimize variability
  - Data quality

# In the Pay-for-Performance world....

Performance Improvement goes from  
being a *requirement* to a ***necessity***

# Outcomes-Driven Verification

- Drives optimization of data quality
- Allows trauma centers to optimize existing structures and process according to center strengths
  - Each trauma center will have a different starting point
- Forces identification of drivers of good performance
- Outcomes drive innovation
  - NSQIP example – ERAS, Colon bundles
  - Tourniquet, REBOA, 1:1:1 resuscitation
- Leads to sharing of Best Practices (eg Collaboratives)

# Evolution of Verification Process

- Current weaknesses
  - Time consuming, expensive, labor intensive for COT
  - Time consuming, expensive, labor intensive for trauma center
  - Variability in evaluation of PI process
    - PI process is the focus of verification
  - Cumbersome and expensive from a customer perspective
- Outcomes-based verification would be less expensive, more objective, and lead to:
  - Improved customer satisfaction
  - Better outcomes for more injured patients