Verification should only be based on outcomes - PRO

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

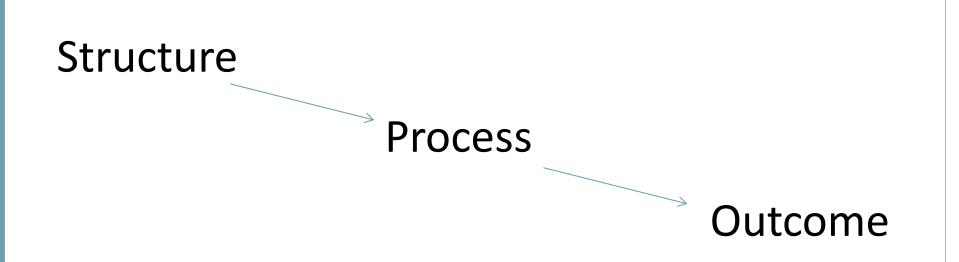
100+years







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- 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

