

Inspiring Quality Forum Notes Progress in Tennessee

09/07/12

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The ACS hosted nearly 120 health care leaders at the ACS Surgical Health Care Quality Forum in Chattanooga, TN, on Aug. 6. The forum was part of "Quality Improvement Day" at the 2012 Annual Meeting of the Tennessee Chapter of the ACS, as well as of the larger ACS Inspiring Quality initiative to drive a national discussion regarding critical elements of successful quality improvement programs. The event underscored how quality improvement programs and collaboration within the health care community may lead to improved patient outcomes and reduced health care costs.

Speakers at the Tennessee forum highlighted the success of the Tennessee Surgical Quality Collaborative (TSQC), the first collaborative of the ACS National Surgical Quality Improvement Program (ACS NSQIP®) to form a three-way quality improvement relationship among hospitals, health plans, and surgeons.

Joseph B. Cofer, MD, FACS, statewide surgeon champion for the collaborative, professor of surgery, and residency program director, the University of Tennessee Health Science Center–Chattanooga, and Vice-President of the ACS Tennessee Chapter, hosted the event, which featured keynote speaker Tennessee State Sen. Bo Watson (R). The senator discussed challenges associated with health care quality and cost management, the increased focus on outcomes-based performance measurement in Tennessee policy, and the need for more surgeons and health care leaders to share their expertise and inform effective health care policies.

"As the health care burden on states increases financially, there is nothing better than having health care leaders like Tennessee ACS, the Tennessee Hospital Association, and BlueCross BlueShield of Tennessee come together to improve care and reduce costs like the Tennessee collaborative is doing," said Senator Watson. "If policy makers are going to work toward improving health care delivery and access and reduce costs on a wider scale, we have to include those who are doing the work in the discussions to get it right the first time around."

The Tennessee collaborative has achieved significant improvements in surgical outcomes, such as reducing the rates of acute renal failure and surgical site infections. The collaborative also saved an estimated \$2.2 million per 10,000 general and vascular surgery cases, or approximately \$8 million overall (*J. Am. Coll. Surgeons* 2012;214:709-14).

"While previous studies demonstrated that participation in quality improvement programs such as ACS NSQIP have been shown to save lives, improve health, and reduce costs, we've proven that using ACS NSQIP in a collaborative as a force multiplier can take quality improvement to a whole new level," said Dr. Cofer.

Because of its success, TSQC has grown from 10 to 21 participating hospitals and received a \$3.9 million grant from the BlueCross BlueShield of Tennessee Health Foundation to fund the program through 2014.

"For quality improvement to be truly successful in a collaborative setting, accountability needs to be shared across insurers, providers, and physicians to ensure we are collectively aligning resources and goals to better serve our patients," said Vicky Gregg, chief executive officer, BlueCross BlueShield of Tennessee. "We are proud of the progress we've made in Tennessee and continue to support this model because we believe it has the key ingredients for long-term success."

Known as a model for outcomes-based quality improvement, ACS NSQIP collects clinical, risk-adjusted, 30-day outcomes data in a nationally benchmarked database. A study published in the *Annals of Surgery* in 2009 determined that hospitals participating in ACS NSQIP prevented 250 to 500 complications, resulting in an average of 12 to 36 lives saved per hospital annually. With the average cost of medical complications equaling \$11,000 per occurrence, the combined potential savings of 4,500 hospitals could reach \$13 billion to \$26 billion each year (*Ann Surg* 2009;250:363-76).



(L-R) Clifford Y. Ko, MD, FACS; Chris Clarke; Vicky Gregg; William C. Gibson, MD, FACS; and Oscar Dean Guillamondegui, MD, FACS, at the Tennessee forum.

"The Tennessee Surgical Quality Collaborative is a national model that policy makers such as CMS and CDC should look at to see how other health care leaders are working together to truly improve patient outcomes in a way that leads to cost savings," said Clifford Y. Ko, MD, MSHA, FACS, Director, ACS Division of Research and Optimal Patient Care. "Increasingly, health care decision-makers are recognizing the value of clinical, risk-adjusted, outcomes data to measure and improve quality. Beyond the robust data, we believe we can further enhance those improvements when surgeons from different hospitals share best practices together in a collaborative, supported by hospital leaders and health plans."

To encourage community-level health care leaders to continue sharing best practices on quality improvement, the ACS will host these forums throughout 2012. To view the archived forum video and future tour locations, click [here](#).

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