

Dr. Joseph B. Cofer: Surgical group works to improve outcomes, cut costs

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Even in the contentious aftermath of the U.S. Supreme Court's decision to uphold President Barack Obama's health care reform law, most people would agree that we have a long way to go to fix the problems of runaway costs, uneven outcomes and disparities in care that characterize our health care system.

The solution? Improve the quality of health care, which will result in better patient outcomes, lower costs and fewer disparities in care.

While improving quality is no simple task, it can be done. In fact, we are improving surgical care here in Tennessee and believe our program could serve as a model for other states.

Next Friday we will showcase our Tennessee Surgical Quality Collaborative (TSQC), a statewide collaborative of hospitals, health plans and surgeons, during the American College of Surgeons (ACS) Surgical Health Care Quality Forum Tennessee in Chattanooga.

Our Tennessee Surgical Quality Collaborative will show that by using strong clinical data and working together we can reduce serious complications, save lives and save money at the same time. Our collaborative, which started with 10 hospitals in 2009, led to 25 percent fewer of our surgical patients going into kidney failure, 18 percent fewer acquiring superficial infections and 15 percent fewer experiencing a prolonged stay on a ventilator. Likewise, 60 percent fewer graft failures and 34 percent fewer wound disruptions (when surgical stitches are compromised) meant a significant reduction in the number of our patients who had to undergo follow-up surgery. In addition, we saved an estimated \$2.2 million per 10,000 general and vascular surgery cases, or approximately \$8 million overall, according to a study we published earlier this year in the Journal of the American College of Surgeons.

Preventing complications isn't simply following a set of established patient care guidelines. There are hundreds of things that may not go as planned before, during

and after an operation. That's why it's important to identify problem areas and find ways to head them off.

To accomplish this goal, surgeons need to study the care they provide to find opportunities for improvement. All of the hospitals in our collaborative are part of the American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP), which uses data collected from patient charts by specially trained staff.

Once this data is analyzed, statistical formulas take into account how sick the patient was, and other factors that put them at greater risk for a complication. We also follow patients for 30 days after their surgical procedure so we don't miss complications that occur after they leave the hospital. We use this data to compare hospital results with those of similar hospitals and with national benchmarks.

Studies show that hospitals that use ACS NSQIP save lives, improve care and reduce costs. We thought that this quality improvement effort could be accelerated if hospitals in Tennessee shared data, compared results and evaluated best practices together.

Although there are similar collaboratives around the country, we believe we have something special in Tennessee. We believe our three-way quality improvement relationship with hospitals, payers and surgeons can be a model other states can use to significantly improve their patient outcomes while significantly reducing costs.

No matter which side of the debate you're on, improving patient outcomes and reducing costs is health care system reform at its finest.

