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American College of Surgeons and Tennessee Health Care Leaders Host Forum to Discuss New Model for Improving Quality and Reducing Health Care Costs

Tennessee State Senator Bo Watson Applauds the State's Hospitals, Surgeons and Health Plans on Collaboration and Urges Health Care Leaders to be Part of Policy Process

CHICAGO (August 6, 2012) – On Friday, August 3, the American College of Surgeons (ACS) hosted nearly 120 health care leaders at the *ACS Surgical Health Care Quality Forum Tennessee* to underscore how quality improvement programs and collaboration within the health care community can lead to improved patient outcomes and reduced health care costs. The forum was part of “Quality Improvement Day” at the 2012 Annual Meeting of the Tennessee Chapter of the ACS, and a part of the larger [ACS Inspiring Quality](#) initiative to drive national discussion around critical elements required for successful quality improvement programs.

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 between hospitals, health plans and surgeons, a unique model that could work in other states.

Joseph B. Cofer, MD, FACS, state-wide 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 opening remarks from keynote speaker Tennessee State Senator Bo Watson, PT (R-Hixson). 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 expert knowledge to 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 policymakers 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.ⁱ

“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.

Due to 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, CEO, 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 250-500 complications, resulting in an average of 12-36 lives saved per hospital, per year. With the average cost of medical complications equaling \$11,000 per occurrence, the combined potential savings of 4,500 hospitals could add up to \$13-26 billion each year, amounting to an estimated total savings of \$260 billion over a period of 10 years.ⁱⁱ

“The Tennessee Surgical Quality Collaborative is a national model that policymakers 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 Ko, MD, MS, MSHS, 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.”

Additional comments made by participants during the forum, included:

- *David Archer, CEO, Saint Francis Hospital*

“Integrating a program like ACS NSQIP into our hospital’s quality improvement initiatives allows our clinical care teams to have confidence in the data and they are continuously motivated to strive for better results.”

- *Chris Clarke, RN, BSN, Sr. Vice-President, Tennessee Hospital Association:*

“Quality improvement is about ‘shared learning’ and providing a safe and non-competitive environment to discuss what the data shows us – good and otherwise. By opening up dialogue among all levels of

staff, from hospital CEOs to the nurse reviewers, we are able to speed up the adoption of quality improvement and best practices.”

- *Will Gibson, MD, FACS, Surgeon, Premier Surgical Associates*

“As I look at what quality improvement means from my role as a practicing surgeon, it’s clear that health care systems need greater transparency of individual surgeon outcomes to move the needle toward better patient care. ACS NSQIP is a trusted tool that surgeons and hospitals can rally around together and use to really make a difference.”

- *Oscar Guillamondegui, MD, MPH, FACS, Associate Professor of Surgery, Vanderbilt University Medical Center; President-Elect, ACS Tennessee Chapter*

“We, as surgeons, always strive for excellence in care but we also have a responsibility to be forthcoming about areas within each specialty that need improvement. NSQIP provides a solution that accounts for the needs of each unique patient population.”

To further encourage community-level health care leaders to share best practices on quality improvement, the ACS will continue to host a series of community forums across the nation throughout 2012. To view the archived forum video and follow updates on upcoming tour locations, please visit InspiringQuality.FACS.org or the College’s YouTube channel at <http://www.youtube.com/AmCollegeofSurgeons>.

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About the American College of Surgeons

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the care of the surgical patient. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 78,000 members and is the largest organization of surgeons in the world. For more information, visit www.facs.org.

i Guillamondegui OD, Gunter OL, Hines L, et al. Using the National Surgical Quality Improvement Program and the Tennessee Surgical Quality Collaborative to Improve Surgical Outcomes. *JACS*. 2012;214:4:709-714, 2012.

ii Hall BL, Hamilton BH, Richards K, et al. Does surgical quality improve in the American College of Surgeons National Surgical Quality Improvement Program: an evaluation of all participating hospitals. *Ann Surg*. 2009;250:363–376.

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