

Considerations for Addressing Low-Volume Complex Surgical Procedures within the Military Health System

April 23, 2018







But wait...there's more





54 Hospitals  **360 Outpatient Clinics**



9.4M

Beneficiaries



1.5M

In Uniform



2.4M

Families



5.4M

Retirees/Families



9.4M

Beneficiaries

1.5M

In Uniform



2.4M

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5.4M

Retirees/Families



9.4M

Beneficiaries



1.5M

In Uniform



2.4M

Families



5.4M

Retirees/Families



What about the other direction?

Health Systems Set Minimum Volume Standards

Prominent healthcare systems make clinical volume pledge:

- Dartmouth-Hitchcock Medical Center
- Johns Hopkins Medicine
- University of Michigan Hospital

Procedure	Minimum Annual Volume	
	Hospital	Surgeon
Bariatric staple surgery	40	20
Esophagus cancer resection	20	5
Lung cancer resection	40	20
Pancreatic cancer resection	20	5
Rectal cancer resection	15	6
Carotid artery stenting	10	5
Complex abdominal aortic aneurysm repair	20	8
Mitral valve repair	20	10
Hip replacement	50	25
Knee replacement	50	25



Bariatric Surgery

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

The American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) combined their respective national bariatric surgery accreditation programs into a single unified program to achieve one national accreditation standard for bariatric surgery centers, the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®).

MBSAQIP works to advance safe, high-quality care for bariatric surgical patients through the accreditation of bariatric surgical centers. A bariatric surgical center achieves accreditation following a rigorous review process during which it proves that it can maintain certain physical resources, human resources, and standards of practice. All accredited centers report their outcomes to the MBSAQIP database.

- ☉ [MBSAQIP Data Registry](#)
- ☉ [Data Registry Access Request Form](#)
- ☉ [MBSQR Training and Testing](#)
- ☉ [MBSAQIP PUF Request Form](#)

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to care.

as S¹, Kuo PC¹, Abood GJ⁵.

The case against a surgery volume pledge

VAMSI ARIBINDI, MD | PHYSICIAN | DECEMBER 30, 2016

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Dr. Pronovost is a leading figure in the patient safety movement, and is someone I



Statements of the College

Statements on Principles

Recommendations for Facilities Performing Bariatric Surgery

Online September 1, 2000

The following recommendations were developed by the College's Committee on Emerging Surgical Technology and Education at the request of the American Society for Bariatric Surgery. These recommendations in the evolving field of bariatric surgery have been formulated to assist surgeons and institutions managing morbidly obese patients in providing excellence in surgical care and in developing a safe environment for their patients.

Background

Actuarial data demonstrate that 300,000 Americans die prematurely from obesity-related complications each year. The number of overweight Americans has increased steadily and will continue to increase because more than 25 percent of today's children are overweight or obese. Obesity costs the United States about \$100 billion annually in direct health care expenses or in lost productivity.

Morbid obesity is defined as more than 100 pounds greater than normal body weight or a body mass index (BMI) > 40 kg

RESULTS: Our study included 1,663 patients. Five high-volume hospitals were identified. Patients residing far from high-volume hospitals, in areas with the highest volume of bariatric surgery, had decreased odds of obtaining care at high-volume hospitals. A predictive tool to identify these patients.

CONCLUSION: Implementation of "Take the Volume Pledge" by bariatric surgery policymakers must consider the potential impact on limiting access to care.

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"Take the Volume Pledge." The systems and processes that prevent their hospitals from providing high-quality care at their hospital and its surgeons do not perform at high skill levels.

the highest-volume hospitals, acco

Surgical Intervention ...

... by whom ...

...and where?



Who

Considerations

1. Quality and Safety
 - Volume
 - Outcomes
2. Readiness Skills

Options

- Military
- VA
- Network
- Mixed

Where

Considerations

- Quality and Safety
 - Volume
 - Outcomes
- Facility Capability
(“Failure to Rescue”)
- Accreditation

Options

- MTF
- VA
- Network

Transparency

Patient Safety and Quality

- Overview
- Patient Experience
- Infection Prevention
- Core Measures
- Surgical Volumes**
- Quality of Care Ratings

Home > Patient Safety and Quality

Surgical Volumes

Key Facts

Surgical volumes are the number of times a hospital has done a specific surgical procedure in a defined time period.




Hospitals that do more of a specific surgical procedure tend to have better outcomes for their patients than hospitals that do less of them.

Patients should ask their surgeon how many times the surgeon and the hospital have done their specific surgical procedure in the last two years.

How does Johns Hopkins Medicine perform?

View number of:

Number of Carotid Artery Stenting Surgeries per Year
(Average from July 2014-June 2016)

Volume Target	The Johns Hopkins Hospital	Johns Hopkins Bayview Medical Center	Academic Division Volume*
10	8 	10 	18 

 meets volume target  below volume target

Policy Considerations Summary



- Quality Care and Patient Safety
- Skills Maintenance of Military Surgical Teams
- Facility Infrastructure Requirements
- Transparency

Thank You