Low-Volume High-Risk Surgical Procedures Review

Chair, Trauma and Injury Subcommittee

August 27, 2018
Defense Health Board

Overview

- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward

Tasking
(1 of 4)

- On March 28, 2018, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) requested the Defense Health Board (DHB) provide recommendations to **improve policies for managing facility surgical capabilities and surgeon proficiency**.
- Specifically, the DHB was asked to address and develop findings and recommendations on the policies and practices in place to:

- Determine where high-risk surgical procedures should be performed;
- Optimize the safety and quality of surgical care provided;
- Enhance patient transparency related to surgical volumes and outcomes; and
- Evaluate the contribution of high-risk surgical procedures to medical readiness.

Objectives and Scope – Initial Six Months

- Review the array of low-volume high-risk surgical procedures performed by military surgeons in the Direct Care system at military treatment facilities (MTFs).
- Evaluate policies, protocols, and systems for managing facility surgical capabilities and surgeon/staff proficiency across each of the service branches.
- Develop recommendations to advance standardized policies on managing facility infrastructure capabilities and individual surgeon/supporting staff proficiency across all service branches.

Tasking
(3 of 4)

- Evaluate potential MHS applicability of Veterans Health Administration (VHA) Operative Complexity Directives:
  - "Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures" (VHA 2010-018)
  - "Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center" (VHA 2011-037).
- Examine the contribution (Knowledge, Skills, and Abilities) of low-volume high-risk procedures to military medical readiness (e.g., surgeons, operating room staff).
- Evaluate MHS policies related to surgical volume transparency and public release of volume, errors and outcomes data.
- Provide recommendations on using the volume, errors and outcome data to inform and enhance policies for managing surgical capabilities and surgeon currency.

Objectives and Scope – Second Six Months

- Review the array of low-volume high-risk surgical procedures performed on MHS beneficiaries in the Purchased Care System (TRICARE).
- Evaluate potential for the MHS to sign on to the "Surgical Volume Pledge" agreed to by Dartmouth-Hitchcock Medical Center, Johns Hopkins Medicine, and the University of Michigan.

Subcommittee Activity Since Last Board Meeting

The T&I Subcommittee has worked to gather information through the following in-person briefings and teleconferences:

May 30, 2018	Teleconference to receive briefing regarding low-volume complex surgical procedures within the MHS
June 20-21, 2018	Meetings to receive briefings regarding low-volume high-risk surgical procedure issues within the DoD
June 29, 2018	Teleconference to review report sections
July 9, 2018	Teleconference to review report sections
July 18-19, 2018	Teleconferences to receive briefings regarding low-volume high-risk surgical procedure issues and to review report sections
July 30, 2018	Teleconference to review report sections
August 6, 2018	Meetings to receive briefings regarding readiness of the medical force
August 14, 2018	Teleconference to review report sections

Overarching Areas of Interest

(1 of 2)

Area of Interest	Preliminary Observations
Standardization	▪ There are opportunities for standardization and coordination across the Services regarding training, medical policies and procedures, and partnership development. ▪ Areas of excellence exist within the Services, which may be leveraged enterprise-wide.
Partnerships	▪ Partnerships between military medical treatment facilities (MTFs) and civilian/Veterans Affairs facilities are underway and may be expanded for optimization of care for patients and volume caseload ▪ Partnerships support recommendations from the report *A National Trauma System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths after Injury* (National Academies of Sciences, Engineering, and Medicine, 2016) and the proposed joint trauma system between civilian and military trauma centers.
Volume Pledge Procedures	▪ The ten procedures identified by the Volume Pledge do not include emergency or war-related surgeries and are elective and based on the civilian sector. ▪ Further analysis needs to be conducted to examine the applicability of the ten procedures to the DoD, as well as the possible inclusion of other procedures relevant to the MHS population.
Readiness of the Medical Force	▪ The Knowledge, Skills, and Abilities (KSA) pilot program creates an opportunity for a standardized system of accountability and training and the ability to quantify results and measures.

Overarching Areas of Interest

(1 of 2)

Area of Interest	Preliminary Observations
Data Utilization and Coding Challenges	▪ The American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) is used in all 48 MTFs conducting surgeries, which provides outcome data. All facilities are performing at or above national level. ▪ Data are utilized for readiness, patient safety and quality, and transparency across the Services, but vary in process. ▪There is often a lack of incentives and resources to accurately code. Investment should be made coding utilization, accuracy, and reporting.
Quality of Care	▪ Volume is widely used as a measurement for quality of care; however, other measures, such as patient outcomes, may be more appropriate. Further analysis is required for how best to measure quality. ▪ Quality can be optimized by: 1) Monitoring outcomes to include NSQIP, electronic health records, and the identification of adverse events; and 2) Leveraging an established external quality improvement/peer-review process to investigate root cause.
Surgeon and Facility Capabilities	▪ Performance of integrated teams (and not just the surgeon) is important for patient outcomes and accountability. ▪ Facility infrastructure models have been developed by the Veterans Health Administration (VHA) and applied to civilian populations, with research showing positive results. ▪ Procedures assigned to one of three levels: standard, intermediate, or complex, based on Current Procedure Terminology (CPT) codes.

Way Forward

- Continue teleconferences and meetings to receive briefings and review draft report sections
- Develop and refine findings and recommendations through October 2018 for part one of the report
- Present draft report at October 2018 Board meeting
- Work on Part Two of the report from October 2018 to April 2019 and conduct teleconferences and meetings to receive briefings and review draft report sections

Questions?