CASTS SURGEONS MEETING

Ed Fonner Presentation
May 16, 2012
Los Angeles CA

Los Angeles Regional Group: Game Plan

- Set priorities
- Surgeon leadership
- Collaborative structure
- Involve clinical team members
- Aggregate data using a simplified approach
- Share best practices
- Simulate changes & estimate impact

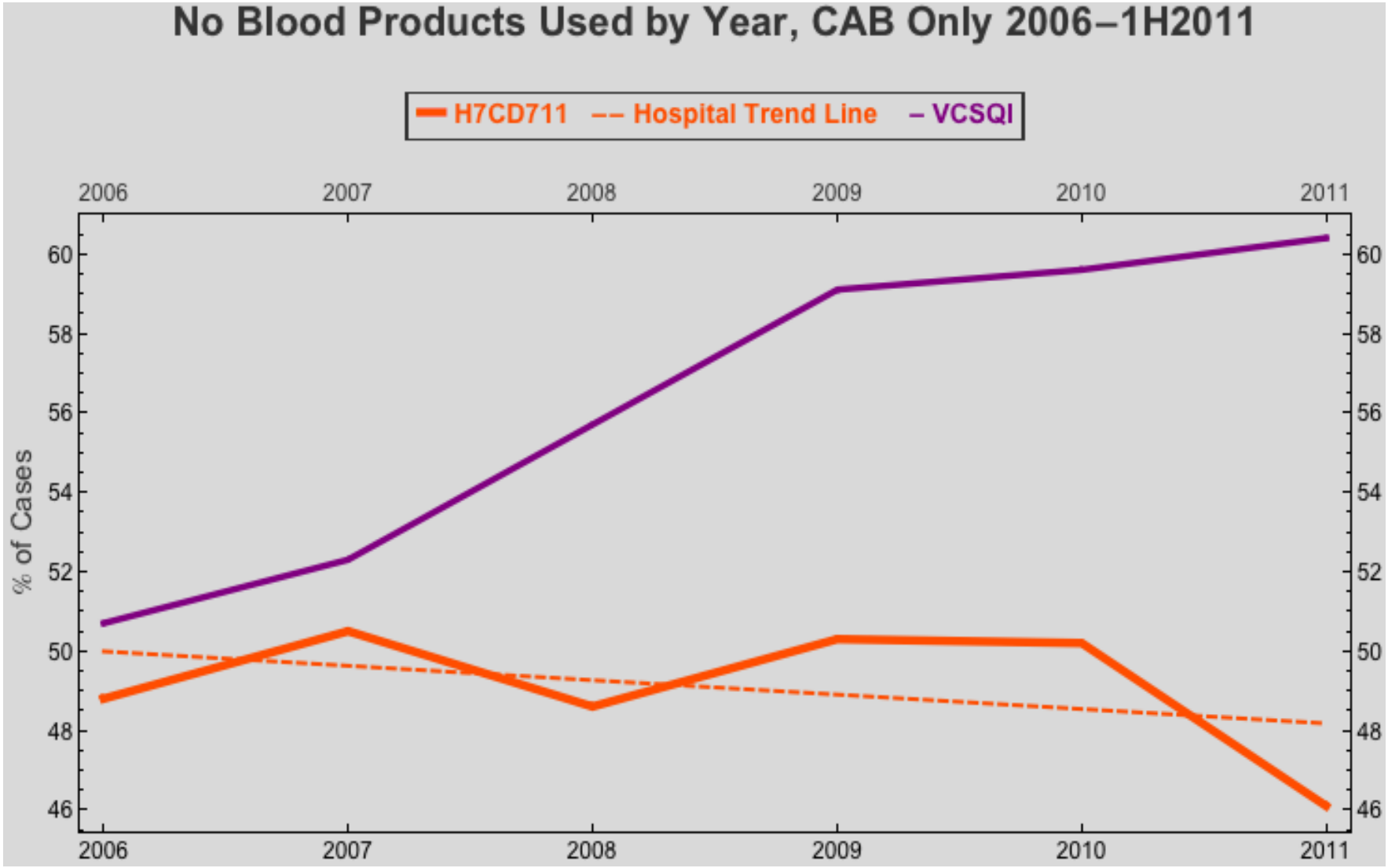
Regional Cardiac Surgery Groups

- Northern New England
- Massachusetts
- Michigan Society of Thoracic and CV Surgeons
- Texas Quality Initiative (DFW only)
- Virginia Cardiac Surgery Quality Initiative
- California Society of Thoracic Surgeons
- Washington's Clinical Outcomes Assmt Pgm

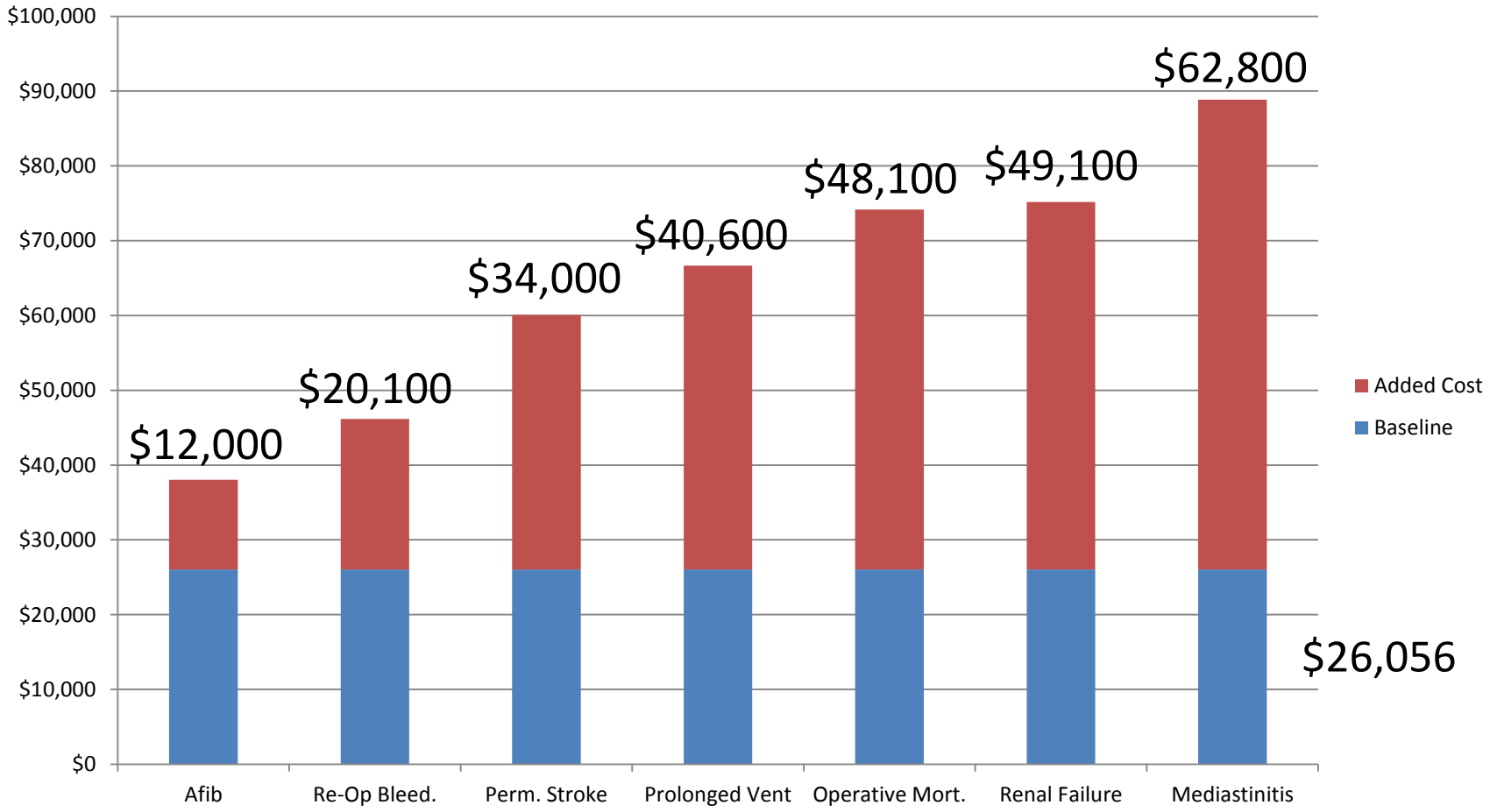
Virginia: Share data, analyze outcomes, change processes

- 75,000 cases – STS + charge data
- Quality – Blood use, afib, early extubation, prol. vent., glucose mgt., AKI, DSW
- Additive costs
- VACC, heart team
- Un-blinding 3 measures
- R&W Committee – CABG/CAE, mort. v ICU stays, AVR v CABG+AVR, nonagenarians, spatial clustering

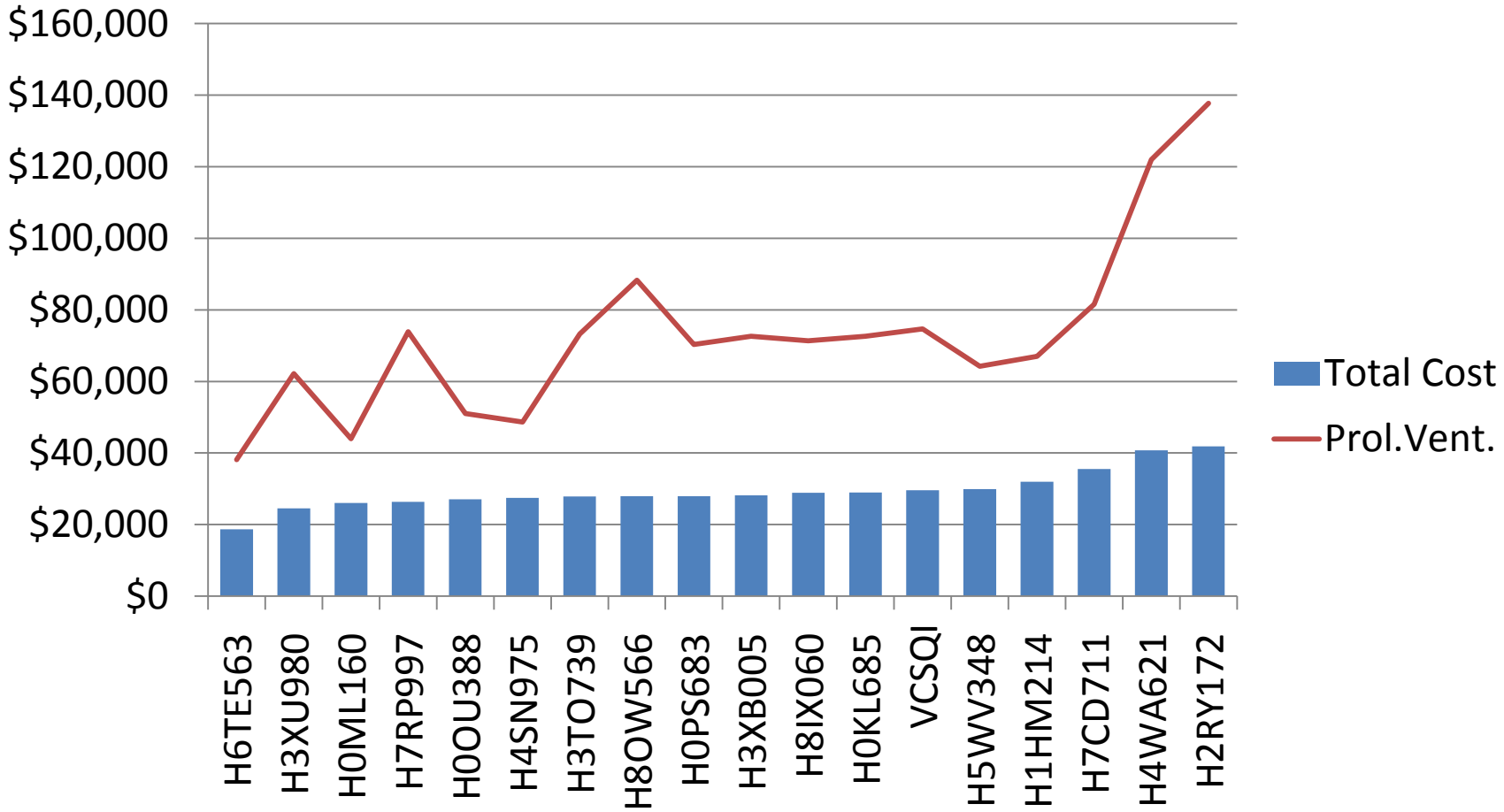
Blood Conservation Study



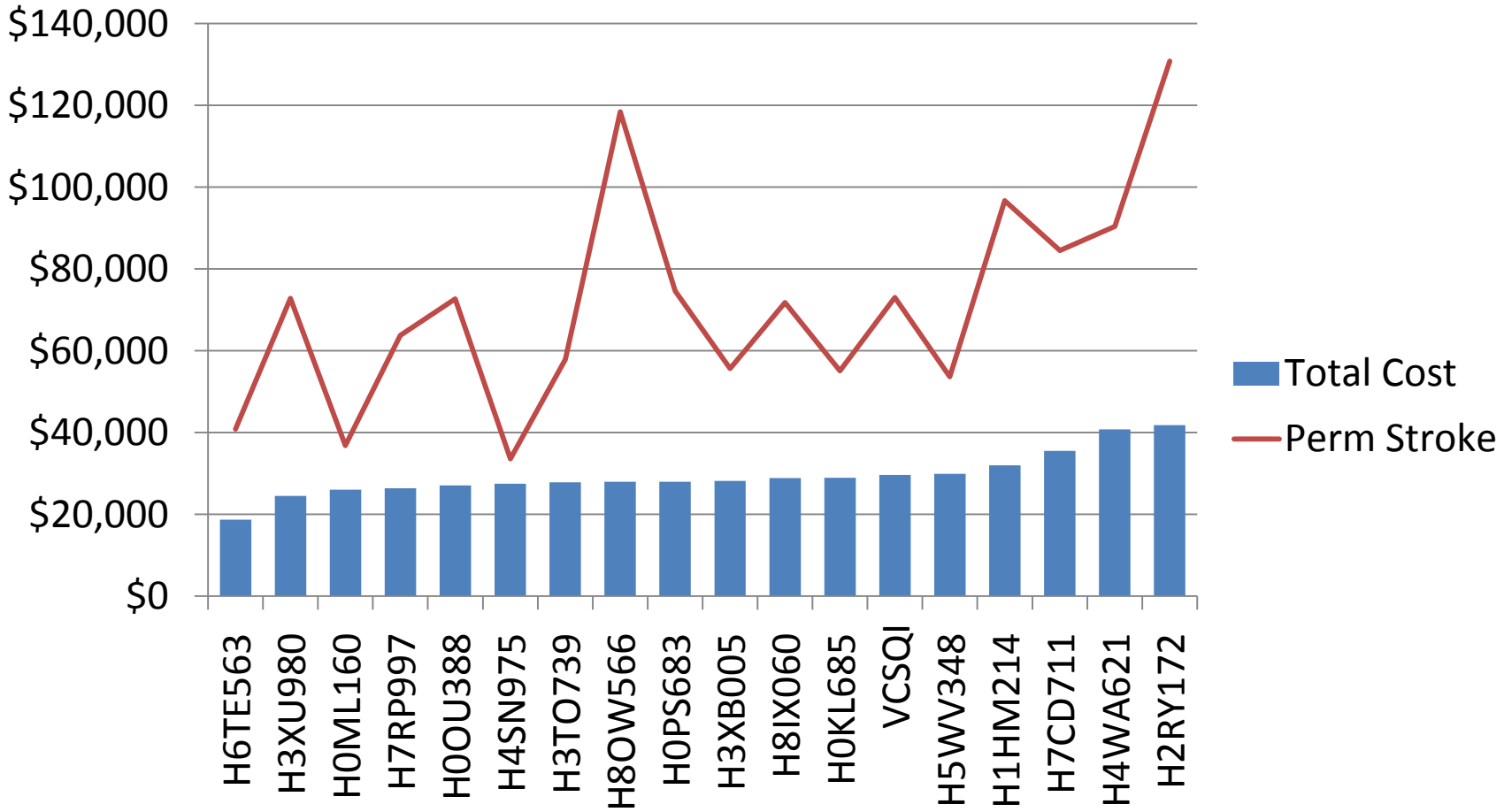
Additive Costs of Complications, CABG-only, Virginia

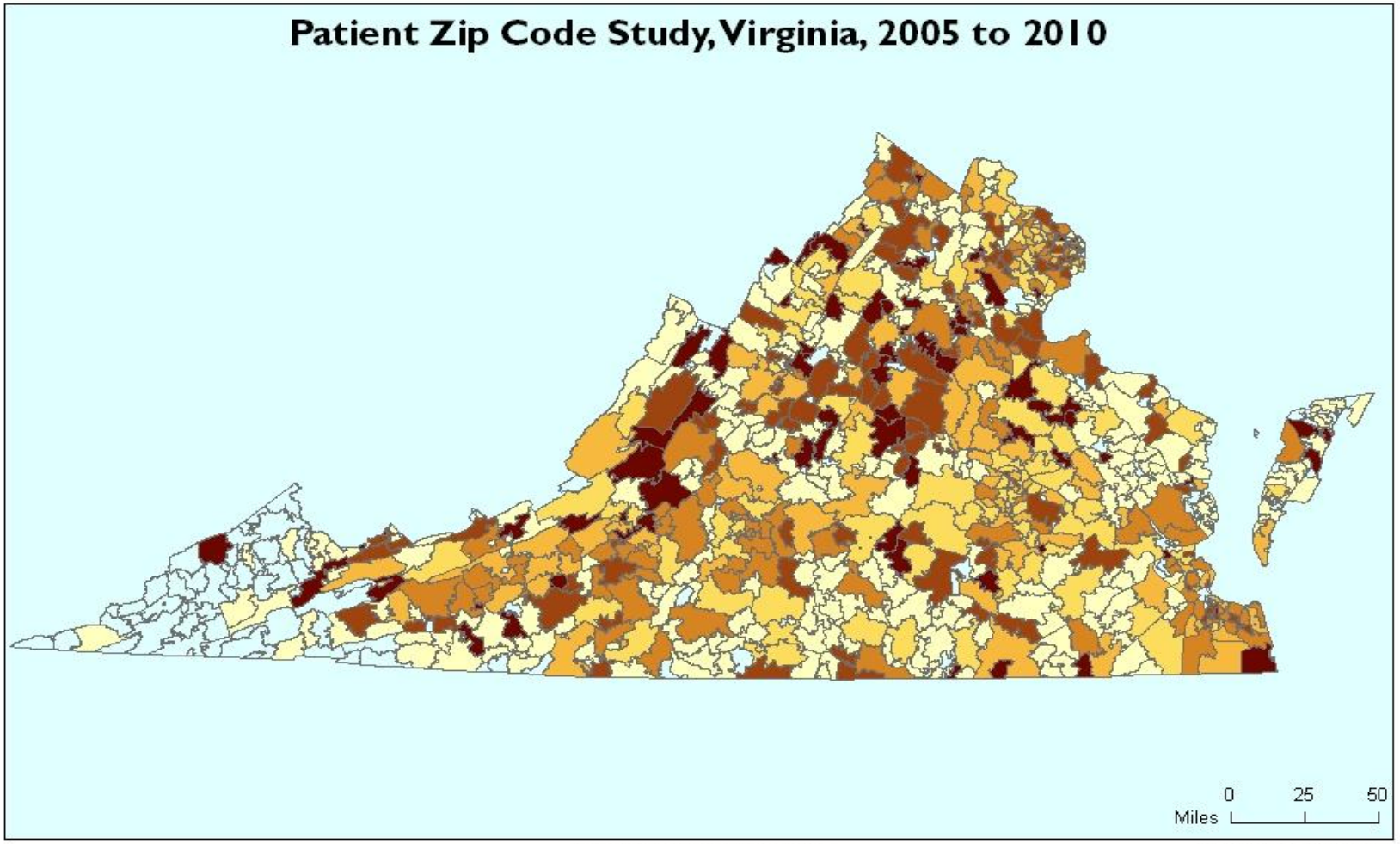


Avg. CABG Cost, 2007-2011
Cases with no complications v prolonged vent



Avg. CABG Cost, 2007-2011
Cases with no complications v perm. stroke




Patient Zip Code Study, Virginia, 2005 to 2010
0
25
50
Miles
customgismaps.com
Readmissions
(Quantile)
VIRGINIA
CARDIAC SURGERY
QUALITY INITIATIVE
0.00%
0.01% - 6.06%
6.07% - 8.33%
8.34% - 11.76%
11.77% - 16.67%
16.68% - 100.00%

California Cardiac Surgical Community

- Strengths: - World class institutions
  - CCORP data auditing and analytic capacity
  - CAP & Dr. Brook's peevishness
  - Expertise among large # data managers
- Weaknesses
  - Low volume
  - CCORP public reporting (narrow; no tie to QI)
  - Disorganization, self-interest

You could be the best in the country!

Benefits:

- Regional identity
- Improve performance through dialogue
- Document and publish
- Query database (gradually indispensible)
- Dialogue with interventionalists
- Influence state policy

Orange County Quality Forum
March 20, 2013
(Eddie Fonner Jr.)

Discussion on
the Possibilities, the Priorities,
the Group

Goal

Foster collaboration with data sharing, outcomes analysis, process changes. Contain costs by lowering complication rates and improving efficiency

Some Benefits in a Group

- Compare practices
- Replicate others' successes
- Discuss results of interventions
- Reduce isolation / team coordination
- Flatten hierarchy for richer communications
- Better understand a peer's reasoning
- Attract ideas and innovation
- Improve outcomes

Objectives & Methods

- Distinguish oversight from collaboration
- Design/build a hypothetical regional QI collaborative
- Request your guidance
- Leave with a clearer picture of the group, its possibilities, priorities, and timeline

California Society of Thoracic Surgeons (CASTS)
2014

CASTS mission objectives (Ed Fonner):

- Ensure fairness, accuracy, and completeness of publicly-reported healthcare information
- Inform health policy decisions affecting the cardiac surgical community
- Encourage adoption of evidence-based best practices
- Serve as a peer-to-peer information exchange to better manage patient outcomes

CASTS goals:

- Collect, analyze and share data
- Study and implement best practices (process change?)
- Reduce variation in outcomes
- Improve quality and control costs
- Inform stakeholders
- Advocate for heart teams ***and patients***

CASTS 2014

Accomplishments

- Reorganized leadership
- Advocated for surgical assistant payments
- Submitted draft legislation for SB 830
- Completed CCSIP reports and website updates

Failures

- Data managers formed own organization
- No L.A. Cardiac Surgery Quality Forum formed
- Surgeons express “database fatigue”
- No coordinated QI activities

CASTS Financial July 2012-June 2014

Expenses	**2012-2013**	**2013-2014**	**Total**
Grant Administration	5000		5000
Conference Calls	1119		1119
Data Acquisition	2825	3603	6428
Data Analysis	10358	11500	21858
Executive Director	12000		12000
Meetings and Travel	7285	2840	10125
Project Director	18000		18000
Website Design	4750	4300	9050
Website Maintenance	1455	1705	3160
Total			**86740**
Income			
Hospital Fees	7400		7400
St. Jude Grant	5000	4000	9000
Unihealth Grant	75000		75000
Total			**91400**

CASTS: Realities

- Recognized as voice of CA cardiac surgeons
- Can influence payers and policy makers
- Supported by universities and major programs
- Attracts grants and institutional funding
- Obtains data, produces publications
- Collaborates with CAACC, OSHPD

However….

CASTS: Realities (2)

- Few surgeons attend meetings
- Morphed into STS-NDB subsection
- Attempts to produce STS CA report failed
- Hospitals will not share data
- Collaboration all talk, no action
- Some quality managers disconnected from surgeons
- CCSIP reports not acknowledged

CASTS: Realities (3)

- CASTS will continue as surgeons' society
- CASTS role in public reporting critical
- CCSIP (OSHPD PDD) data needed for mortality validation and readmissions, especially for PCI
- Validated STS and ACC data will be used for public reports
- CASTS and CAACC collaboration inevitable
- Quality managers must work closely with surgeons and interventionalists to effect process change
- CASTS and quality (data) managers need each other!

California Cardiac Surgery and Intervention Project (CCSIP)

Goals:

- TIMELY FEEDBACK OF OUTCOMES
- ANALYZE PROCESS DATA
- SHARE BEST PRACTICES
- RECIPROCAL AUDIT VISITS
- CREATE ENVIRONMENT OF TRANSPARENCY AND TRUST
- PATIENT EDUCATION

CCSIP: Patient-centered Performance Reporting

- Collect data from the OSHPD patient discharge database on all cardiovascular procedures.
- Add links to vital statistics, ED and Ambulatory Surgery files to increase the accuracy of mortality reporting.
- Analyze hospital-specific outcomes, including mortality, complications and readmission rates
- Publish hospital-specific reports on a web site using a “dashboard” system with comparative graphics
- Encourage hospitals to share clinical data from voluntary databases
- Collect direct observation data from individual hospitals and heart teams.

CCSIP: Advantages and Limitations

Advantages:

- Mandatory data reported to OSHPD
- All hospitals and all procedures
- Mortality validation
- Post-hospital outcomes
- Long term trends
- Relatively inexpensive

Disadvantages:

- Severity of some comorbidities not documented
- Some hospitals not reporting outpatient PCIs
- 9-12 month delay

CCSIP 2014 Report

www.californiacardiacsurgery.com/CCSIP-2012

- Isolated CABG, Valve, Valve-CABG and PCI Procedure Volumes 1999-2012
- In-hospital mortality and adverse events (acute MI, Stroke or Reintervention)
- 90-Day Multiple Adverse Cardiovascular and Cerebral Events (MACCE)