

Online Surgeon Ratings and Outcomes in Hernia Surgery: An Americas Hernia Society Quality Collaborative Analysis

Ivy N Haskins, MD, David M Krpata, MD, Michael J Rosen, MD, FACS, Arielle J Perez, MD, MPH, Luciano Tastaldi, MD, Robert S Butler, MS, Steven Rosenblatt, MD, FACS, Ajita S Prabhu, MD, FACS

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- BACKGROUND:** Online surgeon ratings are viewed as a measure of physician quality by some consumers. Nevertheless, the correlation between online surgeon ratings and surgeon quality metrics remains unknown. The purpose of this study was to investigate the association between online surgeon ratings and hernia-specific quality metrics.
- STUDY DESIGN:** The Americas Hernia Society Quality Collaborative (AHSQC) is recognized by the Centers for Medicaid and Medicare as a Quality Clinical Data Registry (QCDR) that reports risk-adjusted quality metrics for hernia surgeons. All surgeons who input at least 10 patients into the AHSQC and had both a HealthGrades.com and Vitals.com rating were included in the analysis. The association of surgeons' average, risk-adjusted QCDR quality score with their online ratings was investigated using a linear regression model.
- RESULTS:** A total of 70 surgeons met inclusion criteria. The median number of evaluations each surgeon received on HealthGrades.com was 7; the median number of evaluations each surgeon received on Vitals.com was 3. There was a statistically significant correlation between the ratings surgeons received on HealthGrades.com and those that they received on Vitals.com ($p < 0.0001$). However, there was no correlation between surgeon ratings on either HealthGrades.com or Vitals.com and surgeon QCDR quality scores ($p = 0.37$ and $p = 0.18$, respectively).
- CONCLUSIONS:** Online physician rating systems correlate with one another, but they do not accurately reflect physician quality. The development of specialty-specific, risk-adjusted quality measures and appropriate public dissemination of this information may help patients make more informed decisions about their health care. (J Am Coll Surg 2017;■:1–8. © 2017 by the American College of Surgeons. Published by Elsevier Inc. All rights reserved.)
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From the Comprehensive Hernia Center, Department of General Surgery (Haskins, Krpata, Rosen, Perez, Tastaldi, Rosenblatt, Prabhu) and the Department of Quantitative Health Sciences, Lerner Research Institute (Butler), The Cleveland Clinic Foundation, Cleveland, OH.

Correspondence address: Ajita S Prabhu, MD, FACS, Assistant Professor of Surgery, Department of Surgery, Cleveland Clinic Foundation, 9500 Euclid Avenue, A-100, Cleveland, OH 44195. email: prabhua@ccf.org

The quality of health care delivered has become an increasing focus of the federal government of the US since the introduction of the Patient Protection and Affordable Care Act in 2010.¹ In response to a growing interest in health care transparency from various stakeholders, including payers, consumers, physicians, and those involved in health care policy, the Centers for Medicare and Medicaid Services (CMS) has introduced initiatives such as individual physician performance measures, with the idea of eventually transitioning to a pay-for-performance type of system.^{2,3} Arguably, financial incentives that balance the type and amount of payment based on quality of health care may improve the delivery of care.⁴ Still, although pay-for-performance initiatives, such as Physician Compare, aim to “provide information to help consumers make

Abbreviations and Acronyms

AHSQC	= Americas Hernia Society Quality Collaborative
CMS	= Centers for Medicare and Medicaid Services
QCDR	= Quality Clinical Data Registry
SSOPI	= surgical site occurrence requiring procedural intervention
VHWG	= Ventral Hernia Working Group

informed decisions about their health care” and “create clear incentives for physicians to perform well,” the provision of objective quality outcomes measures has lagged behind other publicly reported information such as administrative data, general demographic information, and participation in quality reporting systems.⁵ At the same time, there has been an emergence of online physician ratings systems such as [HealthGrades.com](#) and [Vitals.com](#).⁶ Sites such as these provide information about physicians and health care facilities in an effort to help patients to make informed decisions regarding which providers they choose for their care.^{7,8}

Although these websites are believed to report objective physician outcomes by some consumers, these sites are believed by other consumers to be platforms on which patients are able to subjectively rate and discuss physician quality.⁹ Nevertheless, it appears that the number of visitors to these websites continues to rise, indicating that these websites are an important resource being used by patients when choosing their physicians.^{10,11} To our knowledge, there have been very few studies comparing online physician ratings systems with objectively measured physician outcomes. The aim of this study was to determine if there is a correlation between online surgeon rating systems and surgeon-specific quality metrics for surgeons performing hernia surgery.

METHODS

Online surgeon ratings were obtained from [HealthGrades.com](#) and [Vitals.com](#), both of which rate surgeons on a scale of 1 to 5, with 1 corresponding to poor performance and 5 corresponding to excellent performance.^{7,8} Using the statistical methods described below, the surgeon ratings from these websites were compared with one another to determine if the ratings on these websites correlate with one another. Next, 5 hernia-specific quality measures using the Qualified Clinical Data Registry (QCDR) definitions were collected for each identified surgeon from the Americas Hernia Society Quality Collaborative (AHSQC) database. In order to facilitate comparison with surgeon ratings on [HealthGrades.com](#) and [Vitals.com](#), surgeons were placed

into quintiles based on their average, risk-adjusted, hernia-specific quality measures, with quintile 1 corresponding to the lowest 20th percentile and quintile 5 corresponding to the highest 20th percentile. In other words, surgeons were given a rating of 1 to 5 based on their online reviews and a score of 1 to 5 based on their average, risk-adjusted, hernia-specific quality outcomes. Using the statistical methods described below, surgeon average, risk-adjusted, QCDR quality scores were compared with surgeon ratings on [HealthGrades.com](#) and [Vitals.com](#) in order to determine if online hernia surgeon ratings correlated with hernia quality measures.

Surgeon outcomes data source

The AHSQC is a nationwide quality and value improvement initiative that uses point-of-care data entry, real-time feedback to clinicians, and continuous quality improvement principles. At the time of this study, the AHSQC had data available from more than 180 surgeons who practice in a variety of clinical settings, including academic, community, and academic-affiliated hospitals. The registry component of the AHSQC is comprised of predetermined standardized definitions for data collection in the preoperative, intraoperative, and postoperative phases of hernia care. Details regarding the AHSQC and registry structure, governance, and data assurance process have been previously reported.¹² After Institutional Review Board approval, all surgeons who had input at least 10 patients into the AHSQC, with 30-day follow-up between July 2013 and August 2016, were identified.

Development of hernia-specific surgeon quality ratings

The AHSQC is an approved Centers for Medicare and Medicaid Services (CMS) QCDR that allows the AHSQC to report validated, risk-adjusted quality metrics on behalf of all surgeons participating in the AHSQC to CMS in value-based reimbursement models. The AHSQC formed a QCDR task force, comprised of 11 expert surgeons in the field of hernia surgery, which was selected by the Americas Hernia Society leadership to define hernia-specific quality outcomes measures. In order to comply with CMS regulations, the AHSQC reports at least 9 outcomes measures in at least 3 of the following categories: patient safety, effective clinical care, person and caregiver-centered experiences and outcomes, community/population health, communication and care coordination, and efficiency and cost reduction.¹³ For purposes of measuring surgeon-specific quality outcomes, 5 of these QCDR metrics were selected for this study, including unplanned 30-day reoperation (patient safety), incidence of 30-day surgical site occurrence requiring

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