Quality Measures in Hernia Surgery

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KEYWORDS

• Quality • Measures • Outcomes • AHSQC • Hernia outcomes

KEY POINTS

- With the changing landscape of health care, quality measures are becoming increasingly important.
- Understanding the quality measures that surgeons are being evaluated for is critical to maintain control of the profession and assure optimum patient outcomes.
- Defining and measuring quality in complex hospital systems and surgery is very difficult.

The concept of measuring quality and improving outcomes is ingrained in the surgeon more so than almost any other medical professional. The ability for surgeons to sit with patients, interpret data, make the decision to perform an operation, and put into motion a cascade of events is among the most unique relationships in medicine. It is inherent for the surgeon to do everything within his or her power to achieve the highest quality outcome for the patient. All surgeons have some individual scale that allows them to measure their quality, and likely much of this is happening without conscious recognition. This internal scale allows surgeons to make decisions minute by minute to achieve the best outcomes for patients. Often, in surgery and in particular hernia surgery, high-quality data are not available to help guide these decisions and thus the surgeon relies on judgment, experience, and intuition. Although this is a reasonable approach and has resulted in historically excellent outcomes in many cases, with the introduction of the Affordable Care Act (ACA), many changes have occurred to that process that challenge that way of thinking and have significant implications for the medical and surgical community. Understanding what these changes are, who is making these decisions, who is measuring surgical quality, and how exactly they are measuring quality is critical for surgeons to be fairly assessed in the future and understand the scale.

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With growing pressures to formulate easily interpreted quality metrics, many potential pitfalls exist that can deleteriously affect the ultimate outcome of patients. This article attempts to define what quality means in surgery, in general, and hernia surgery, specifically; how it is being measured; who is in charge of measuring it; and, when appropriate, how it will be reported. With growing oversight, many organizations have been created to help define and measure quality. The number of governmental acronyms measuring and reporting quality can be overwhelming for the clinician to interpret. This article also attempts to highlight the key governmental organizations that are in charge of defining quality in medicine. This field of health care improvement is evolving and ever-changing based on the practices of politics in Washington, DC. Although the exact layout of this plan likely will continue to evolve, it is certain that surgeons will be measured based on the quality of their outcomes. It is important to be facile in this process for future success in this profession. Although striving for high quality seems relatively straightforward, actually measuring quality is extremely challenging owing to the challenge of accounting for all of the variables that occur in the delivery of health care. Most definitions of quality are primarily based on products and are derived from minimum standards. This transition from product-based quality measurements to health care delivery is ongoing, challenging, and incredibly important for the future of our patients.

When the Institute of Medicine published their seminal paper "To Err is Human: Building a Safer Health System," the call to action of improving quality and safety in the modern health care system was launched.[1] Subsequently, the ACA increased the pace at which this transition was meant to occur. The ACA strives to reduce the fragmentation of the health care system; improve coordination of care; and begin to reward quality, improve outcomes, and lower health care costs. One of the primary goals of the ACA is to transition from a volume-based payment model to a value-based payment model. The definition of value in a health care system originates from economic theory; it is equal to the quality divided by the cost.[2,3] From a payer's perspective, cost is relatively straightforward to measure through reimbursement claims. However, developing judicious quality measures has been the topic of significant research, debate, and ongoing analysis.

One of the initiatives to operationalize the transition to value-based care delivery was the formation of accountable care organizations, within Medicare's Fee for Service program. These organizations are entities that are held accountable for both the cost and the quality of care defined for a population of patients. These are most commonly medical groups and hospital systems but can include skilled nursing facilities and postacute facilities. With the proliferation of these organizations, the Centers for Medicare and Medicaid Services (CMS) has defined specific domains in which quality is measured in health care systems. These quality measures are tools designed to quantify health care processes, outcomes, and patient and caregiver experiences with the overall goal of providing effective, safe, efficient, patient-centered, equitable, and timely care. The 4 most common primary domains used to provide the framework for assessing quality of care are structure, process, outcomes, and patient satisfaction.[4–6]

STRUCTURE MEASURES

Structure measures are defined as a feature of a health care organization or clinician related to the capacity to provide high-quality care.[6,7] These measures are often viewed as less valuable because they are farthest removed from improving patient outcomes.[2,3] Additionally, structural measures indicate the potential for providing