Low-Volume High-Risk Surgical Procedures: Surgical Volume and Its Relationship to Patient Safety and Quality of Care (Part Two)

Chair, Trauma and Injury Subcommittee

February 11, 2019
Defense Health Board
Overview

- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward
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 – 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
Informal feedback was received from the first six-month report.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>November 27, 2018</td>
<td>Teleconference to kick-off part two of the tasking</td>
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<tr>
<td>February 6, 2019</td>
<td>Teleconference to receive briefings regarding low-volume high-risk surgical procedures within the purchased care network (TRICARE)</td>
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<tr>
<td>February 7, 2019</td>
<td>Teleconference to receive briefings regarding surgical quality and the Volume Pledge within the civilian sector</td>
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## Overarching Areas of Interest

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<th>Preliminary Observations</th>
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| Quality of Care               | - TRICARE purchased care standards for quality of care, including clinical quality management, should be equal to or exceed military medical treatment facility (MTF) standards.  
   - There may be improvement opportunities, including increased standardization between contracts, within TRICARE purchased care.                                                                                                                                                                  |
| Surgical Volume Pledge        | - Only three institutions (Johns Hopkins Health System, Dartmouth-Hitchcock Medical Center, and University of Michigan Health System) have signed on to the Volume Pledge.  
   - Many non-Volume Pledge hospitals/facilities have policies regarding surgical volume to optimize quality and patient safety.                                                                                                                                                              |
| Rural Surgery                 | - Civilian rural surgery is a complex issue; civilian rural hospital surgical challenges may parallel many of the challenges of small or rural MTFs.                                                                                                                                                          |
Way Forward

- Continue teleconferences and meetings to receive briefings and review draft report sections
- Develop and refine findings and recommendations through May 2019 for part two of the report
- Present draft report at May 2019 Board meeting
Questions?