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PROFESSION

Ratings Report Card	
Ratings Key: BELOW AVERAGE AVERAGE ABOVE AVERAGE	
Heart Bypass Surgery Performance	
Overall rating	
Patient Survival Patients have a 99% chance of surviving at least 30 days after the procedure and of being discharged from the hospital.	
Absence of Complications Patients have a 89% chance of avoiding all five of the major complications.	
Recommended Medications Patients have a 87% chance of receiving all four of the recommended medications.	
Optimal Surgical Technique Patients have a 96% chance of receiving at least one optimal surgical graft.	
<small>These ratings are based on 339 heart bypass operations performed in 2009. Surgeons in the group may have performed additional heart bypass operations that are not included here, either at other hospitals or combined with other surgical procedures. Read more</small>	

Here is an example of what a Consumer Reports quality rating looks like. This is part of the page for the Massachusetts General Hospital Division of Cardiac Surgery, which received a three-star, or "above average," rating. Users can click on each quality metric to learn more about what is being measured. [Screen capture from Consumer Reports]

Quality ratings on coronary artery bypasses made public with surgeons' help

Cardiac groups are evaluated on a one- to three-star system, with the results available to subscribers at the *Consumer Reports* website.

By KEVIN B. O'REILLY, amednews staff. Posted Sept. 20, 2010.

In a first-of-its kind bid to make clinical quality performance data available to the public, the Society of Thoracic Surgeons partnered with *Consumer Reports* in September to rate 221 cardiac surgical groups in 42 states.

The groups are graded on a one- to three-star scale on their performance in providing coronary-artery bypass grafting procedures. The ratings are included in the October issue of the magazine and are available to subscribers at the *Consumer Reports* website.

The risk-adjusted metrics, developed by the society, gauge patients' 30-day mortality, complication rates, whether patients receive recommended medications and whether they get at least one optimal surgical graft. The ratings are based on group performance, because grading individual surgeons would be statistically invalid, society leaders said.

The move comes as health plan and consumer group ratings of physicians, often based on claims data, have proliferated in recent years. Meanwhile, the health system reform law adopted in March requires Dept. of Health and Human Services Secretary Kathleen Sebelius to develop a Physician Compare website by Jan. 1, 2011, and begin publicly reporting doctors' performance data by Jan. 1, 2013. Five states -- California, Massachusetts, New Jersey, New York and Pennsylvania -- mandate disclosure of heart bypass quality data.

Thoracic surgeons said they wanted to get ahead of the ratings game. "Either you're proactive and do it, and take the bull by the horns, or you become a victim and end up being a whiner about all these people reporting things that are inaccurate," said Frederick L. Grover, MD, former president of the Society of Thoracic Surgeons.

5 states require disclosure of heart bypass quality data.

Dr. Grover's group, the University of Colorado Division of Cardiothoracic Surgery, received a two-star, or "average," rating. The Society of Thoracic Surgeons developed the composite star-rating system two years ago.

"A composite is the Holy Grail for anyone interested in ratings," said John Santa, MD, MPH, director of the *Consumer Reports* Health Ratings Center. "Oftentimes, folks selling services or products drown you in so much information that you can't tell what's important and what's not."

Since 1989, the society has poured millions of dollars into creating and maintaining the adult cardiac database upon which the ratings are based. The critical factor in persuading physicians to share their performance publicly was the scientific rigor of the metrics, said David M. Shahian, MD, chair of the Society of Thoracic Surgeons' Workforce on National Databases.

"There is not a set of risk adjustment models or quality measurement methodologies in all of medicine that has been as extensively vetted and made as publicly available as these measures," he said.

About 90% of the approximately 1,100 cardiac surgical groups in the U.S. participate in the society's database, though just 22% of these groups chose to make their performance public on the *Consumer Reports* website. The number of groups publicly reporting should grow with time, said Dr. Shahian, professor of surgery at Harvard Medical School in Boston.

"This is a fairly revolutionary step, and having 22% as early adopters for something as controversial as this is pretty good," he said. "We have not had one group say this is philosophically the wrong thing to do. Many people wanted to step back and let others put their toes in the water first and see how it went before they consented. What people are going to see is that it's gone very smoothly and many more programs will

participate. There will be pressure from consumers and payers on programs that didn't participate to join in."

A matter of time

Consumer advocates applauded the news.

"It's exciting, and I think it's long overdue," said Arthur A. Levin, MPH, director of the nonprofit Center for Medical Consumers in New York City. "All of us wish it would have happened sooner, but it's happening, and it's certainly a beginning."

The *Consumer Reports* heart bypass ratings represent a "watershed event in health care accountability," according to a Sept. 7 editorial in *The New England Journal of Medicine* co-authored by Timothy G. Ferris, MD, MPH, medical director of the Massachusetts General Physicians Organization.

"It's taken a long time to get here, and there are good reasons for that," Dr. Ferris said. "This is not easy stuff. Outcomes measurement and rating is very complicated from a data-and-statistics point of view.

"The Society of Thoracic Surgeons has invested a huge amount in both money and time and leadership resources to bring this to fruition, so kudos to them for the work necessary to make this happen," Dr Ferris added.

The Massachusetts General Hospital Division of Cardiac Surgery received a three-star, or "above average," rating.

Few other specialty societies are well-positioned to release clinical quality performance data soon, experts said.

The American College of Cardiology hopes to follow the thoracic surgeons' lead on quality disclosure by late 2011 or early 2012, said Janet Wright, MD, the college's senior vice president for science and quality. The college operates five data registries involving about 2,300 hospitals and 600 physician practices.

The American Medical Association-convened Physician Consortium for Performance Improvement has endorsed 221 measures for doctors to gauge their quality in clinical areas ranging from acute otitis externa to substance use disorders.

The print version of this content appeared in the **Sept. 27** issue of *American Medical News*.

ADDITIONAL INFORMATION:

Grading bypass quality

About a fifth of the country's cardiac surgical groups volunteered to have their performance ratings on coronary-artery bypass grafting procedures publicly disclosed at the *Consumer Reports* website. The 221 groups from 42 states are rated on a one- to three-star scale developed by the Society of Thoracic Surgeons.

Here is how the quality ratings break down:

Groups achieving rating	
3 stars (above average)	50
2 stars (average)	166
1 star (below average)	5

Source: Heart bypass surgery ratings, *Consumer Reports* Health, Sept. 7

WEBLINK

"Public Release of Clinical Outcomes Data -- Online CABG Report Cards," *The New England Journal of Medicine*, Sept. 7 (www.nejm.org/doi/full/10.1056/nejmp1009423)

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