

Surgical Collaborative Overview

Fall Member Meeting

Kohler, WI

November 9, 2019



Surgical Collaborative of Wisconsin



Where We Started



SCW Mission Statement

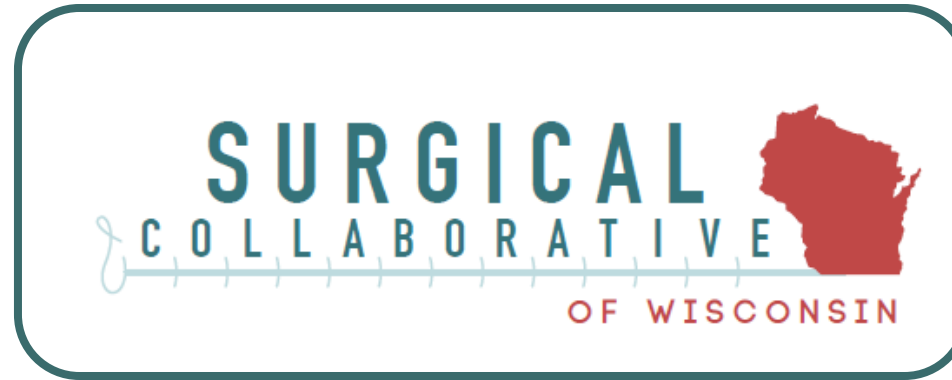
SCW is a practice change community that aims to optimize quality and reduce costs by improving surgical care and fostering provider professional development across practice settings.

SCW Objectives

1. Ensure equal access to high-quality surgical care in communities across Wisconsin
2. Promote appropriate utilization of surgical care and control costs
3. Provide a performance improvement platform for Wisconsin surgeons

Core Components of SCW

- Data platform for providing confidential, benchmarked performance reports to surgeons and hospitals
- Mechanism for delivering guidelines and best practices for surgical care
- Infrastructure for collaborative learning
- Engaged surgeon champions in each hospital
- Strong partnerships with surgical societies, payers, and quality improvement experts



Where We Started

- Official kick-off: WSS November 2017
 - 50 attendees representing 19 hospitals
 - Two Quality Initiatives:
 - Reducing Repeat Operations for Women with Breast Cancer
 - Increase adoption of Enhanced Recovery Protocols for colorectal procedures

Five SCW Member Meetings

2 virtual meetings:

- Opioid, April 2018
- Rural, May 2019

3 in-person meetings:

- La Crosse, July 2018
- Kohler, November 2018
- Minocqua, July 2019



Engagement and Outreach



- 95 hospitals have signed DUA (74% of non-federal hospitals in WI)
- 275 surgeons & quality leaders
- Diverse settings
 - Academics
 - Private practice
 - Rural/Urban
 - Critical Access Hospitals

SCW Governing Leadership



Chair:
Jon Gould,
MD
Medical
College of
Wisconsin

- **Anne Allen**, Clinical Quality Improvement Advisor, Wisconsin Hospital Association (WHA)
- **Barbara Boyer, MD**, Marshfield Clinic
- **Beth Dibbert**, Chief Quality Officer, Wisconsin Hospital Association (WHA)
- **Ashlie Dowdell**, Wisconsin Department of Health Services
- **Annie Dunham, MD**, General surgery resident, rural track, UW Health
- **Tracie Halvorsen, BSN, RN**, SSM Health, St. Mary's
- **Dana Henkel, MD**, SSM Health, St. Mary's
- **Neel Karne, MD**, Beloit Health System
- **Amanda Kong, MD, MS**, Medical College of Wisconsin, Froedtert
- **David Nerenz, PhD**, Michigan Spine Surgery Improvement Collaborative
- **Chris Queram**, President/CEO, Wisconsin Collaborative for Healthcare Quality (WCHQ)
- **Dana Richardson, MA, BS**, CEO, Wisconsin Health Information System (WHIO)
- **Michael Roskos, MD**, Mayo Clinic Health System
- **Jill Ties, MD**, St. Croix Regional Medical Center
- **Joseph Weber, MD**, Aurora Health Care

MSQCC

Michigan Surgical Quality Collaborative



**Blue Cross
Blue Shield**
of Michigan

- First surgical collaborative in Michigan. Founded in 2005
- 73 hospitals
- Focused on general surgery

Annual funding from
BC/BS:
\$5M

SCW Alternative Funding Approach

- Close to \$1M in funding over 3 years
- Funding through grants and contracts from multiple sources:
 - Institutional funding – Gunderson, UW, many others
 - State government - Department of Health Services (DHS)
 - Federal government - National Cancer Institute (NCI)
 - Private foundations – Hendricks Foundation
- What does the money support?
 - Outreach and Engagement – gas, travel, hotel, food
 - Data – purchasing, personnel, IT
 - Infrastructure – personnel, website, pocket cards, CME
- Surgeon time

Provide Value to Members

- CME
- Fulfills American Board of Surgery requirement for QI activity for Continuous Certification
- Fulfills Commission on Cancer accreditation requirement for participation in a QI activity
- Member interests represented on key CMS measure development committees

Next Steps:

- Pursuing designation as a “QI activity” for CMS MIPS program
- Pursuing stronger partnerships with insurers and government for measure alignment and participation incentive (DHS, CMS)

Effective Initiatives with Achievable Goals

1. Reduce rates of repeat operations for women with breast cancer
2. Increase adoption of enhanced recovery protocols for colorectal procedures
3. Change approach to surgical pain management to reduce postoperative opioid use and overprescribing
4. Working together to provide high-quality pediatric surgical care
5. Rural task force

Initiative Steering Committees

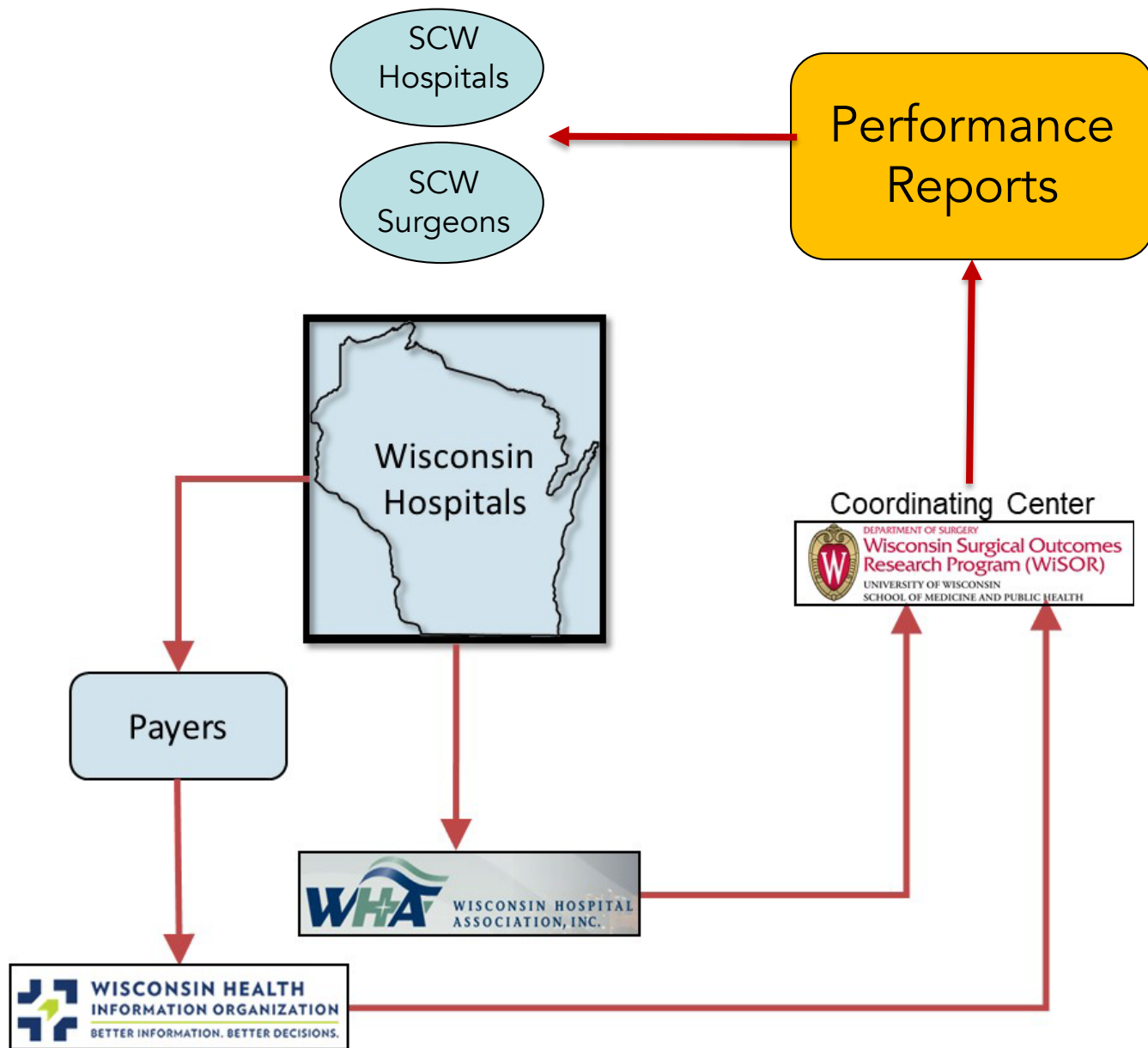
1. Reduce rates of repeat operations for women with breast cancer
 - Joseph Weber, Amanda Kong, Jill Ties, Annie Dunham
2. Increase adoption of enhanced recovery protocols for colorectal procedures
 - Jo Pasiuk, Steve Shapiro, Greg Van Winkle, Tracie Halvorsen, Elise Lawson
3. Change approach to surgical pain management to reduce postoperative opioid use and overprescribing
 - Tudor Borza, Dana Henkel, David Melnick, Jon Gould
4. Working together to provide high-quality pediatric surgical care
 - Jonathan Kohler, John Densmore
5. Rural task force
 - Jill Ties, Nicholas Kitowski, Brian Hong, Jared Linebarger, Annie Dunham

Improvements to Data Platform

- Strong partnerships with data providers
 - WHA
 - WHIO
- Delivering 3rd round of performance reports today
- Continuing to make progress to decrease lag time for performance reports due to innovative work by measurement and analytics team.

Improvements to Data Platform

- Performance report improved content and format
- Hospital-level performance
- Surgeon-level performance reports across the hospitals in which they practice
- Unadjusted and risk/reliability adjusted
- Completely automated report generation for all surgeons in the state of Wisconsin



- SCW obtains existing data and puts it back in your hands
- Clinically meaningful measures
- Risk/reliability-adjustment
- Benchmark performance with other hospitals
- Confidential

Improved Data Platform

To date, SCW has
delivered ~550
performance reports to
surgeons

Measurement & Analytics Team



Nick Marka



Bret Hanlon



**Rebekah
Olson**



RANDI CARTMILL



**Drew
Giordana**



**MANASA
VENKATESH**



DOU-YAN YANG



**CONNOR
NIKOLAY**



**LINDA CHERNEY
STAFFORD**

Improved Data Platform

- Next Steps:
 - Secure online data portal for report delivery
 - Close the gap in data lag time
 - Create/support an informatics approach to automated data abstraction from the EMR
 - Create standardized initiative measure sets

Where We Are Going: Priorities for 2020 and Beyond



Why are we here?

Despite availability of best practices and evidence-based guidelines, surgical practice varies widely



Significant differences in quality and cost observed across practice settings



Quality improvement work is hard and under-valued



Provide resources, support, and credit to surgeons and their teams for addressing quality issues they identify as important

Guiding Principles

Surgeon-led and Data-driven

Inclusive and Non-competitive

Confidential

Provide Value, not burden

Priorities for 2020

1. Engagement and outreach
2. Sustainable financial model
3. Improved data platform
4. Effective initiatives with achievable goals
5. Provide value to members
6. Promote achievements of SCW members

Engagement and Outreach



- “SCW on the Road”
- Identify a surgeon champion and quality leaders in each SCW hospital
- Continue to meaningfully engage surgeons from diverse practice settings in SCW leadership
 - Executive Committee
 - Initiative steering committees



Facebook Private Group

- Started by Dr Dana Henkel from SSM Health
- Forum for discussing challenging cases
- Sharing resources and opportunities
- SCW announcements
- Making connections!

The screenshot shows the Facebook page for the 'Surgical Collaborative of Wisconsin'. The header features the group name in large teal letters, with a red outline of the state of Wisconsin to the right. Below the name is a teal stethoscope graphic. The page is set to 'Pending' and has a 'More' menu. The 'About This Group' section includes a description: 'SCW is a practice change community that aims to optimize quality and reduce costs by improving surgical care and fostering provider professional development across practice settings'. It also lists the group's focus as 'Surgeon Driven - Data Informed' and its privacy settings: 'Private' (only members can see who's in the group and what they post), 'Visible' (anyone can find this group), and 'General'. The 'Members' section shows 8 members, and the 'Admins' section lists 'Surgical Collaborative of Wisconsin' and 'Connor'. The right sidebar shows the group's history, created on October 9, 2019, and a 'GROUP BY' section for 'Surgical Collaborative of Wisconsin' with 4 likes. There is also a 'CREATE NEW GROUPS' section with a 'Create Group' button and a 'Suggested Groups' section with a 'See All' link.

Engagement and Outreach



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes



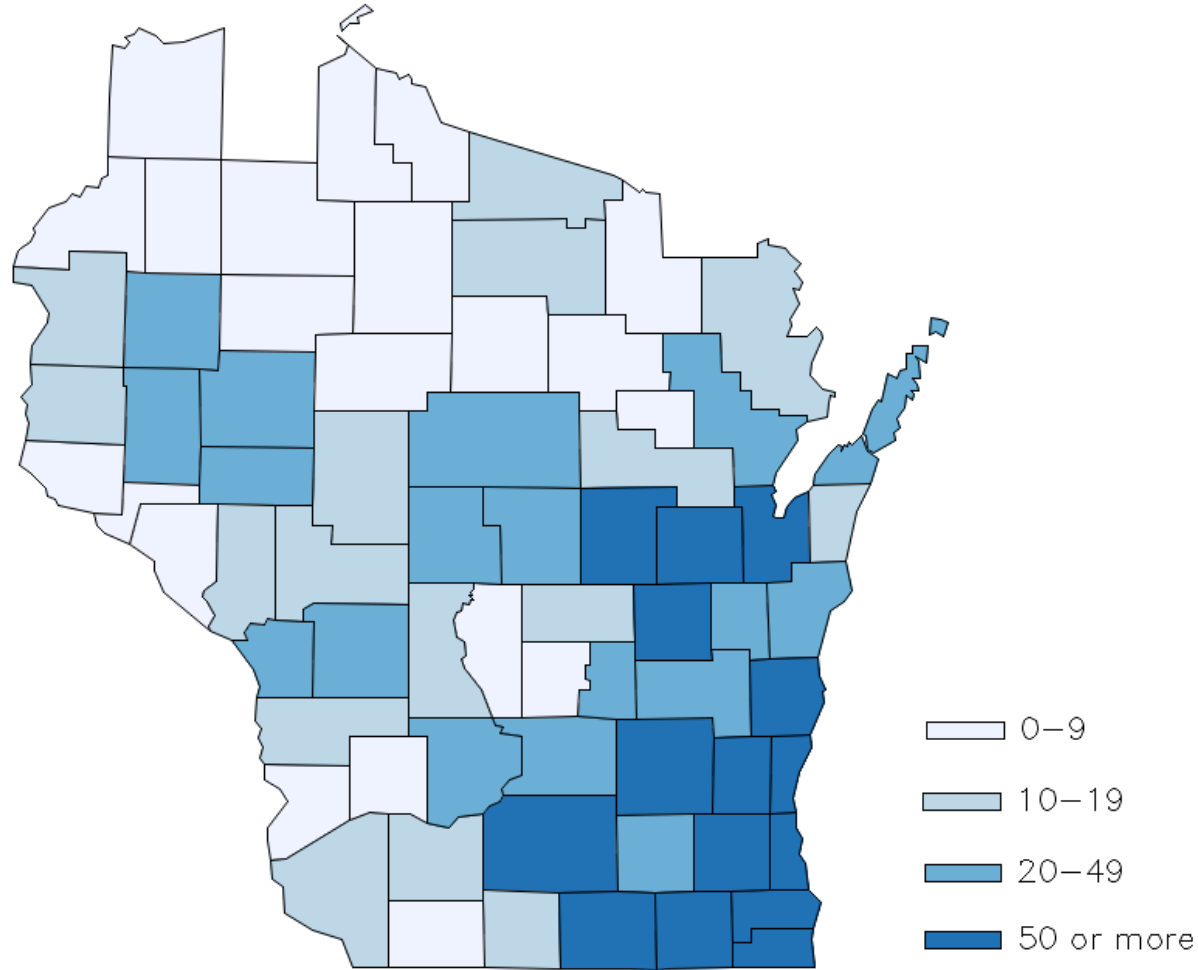
Effective Initiatives with Achievable Goals

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Reducing Repeat Operations for Women with Breast Cancer

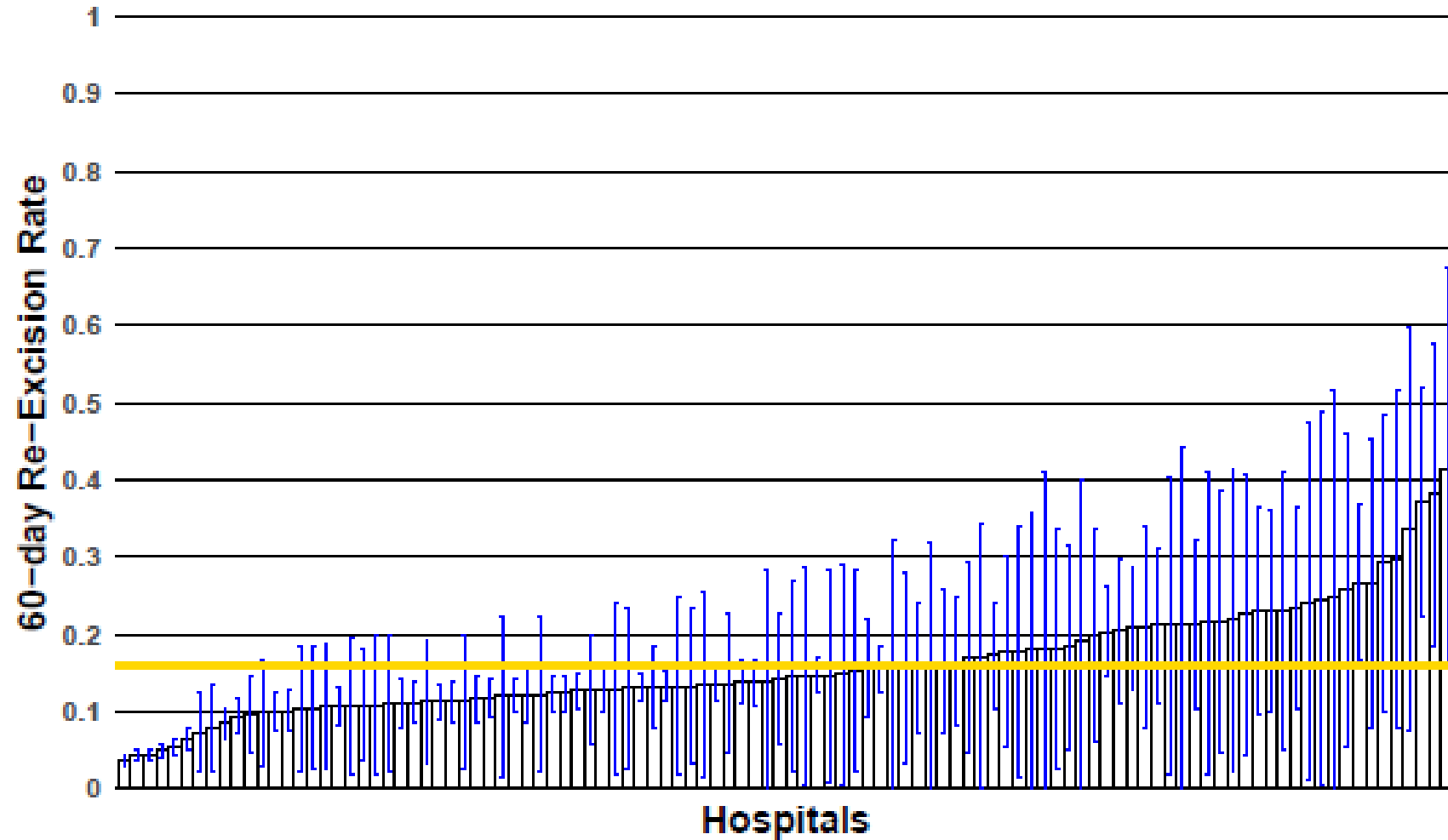


Lumpectomy & Mastectomy Procedures, 2018



Of all breast procedures in WI, 76% were performed in an SCW hospital

Adjusted Hospital 60-day Reoperation Rates Following Lumpectomy (January-December 2018)



Yellow line: Statewide mean hospital-level re-excision rate.
Each bar represents a hospital in Wisconsin.
Error bars represent 95% confidence intervals around each hospital estimate.

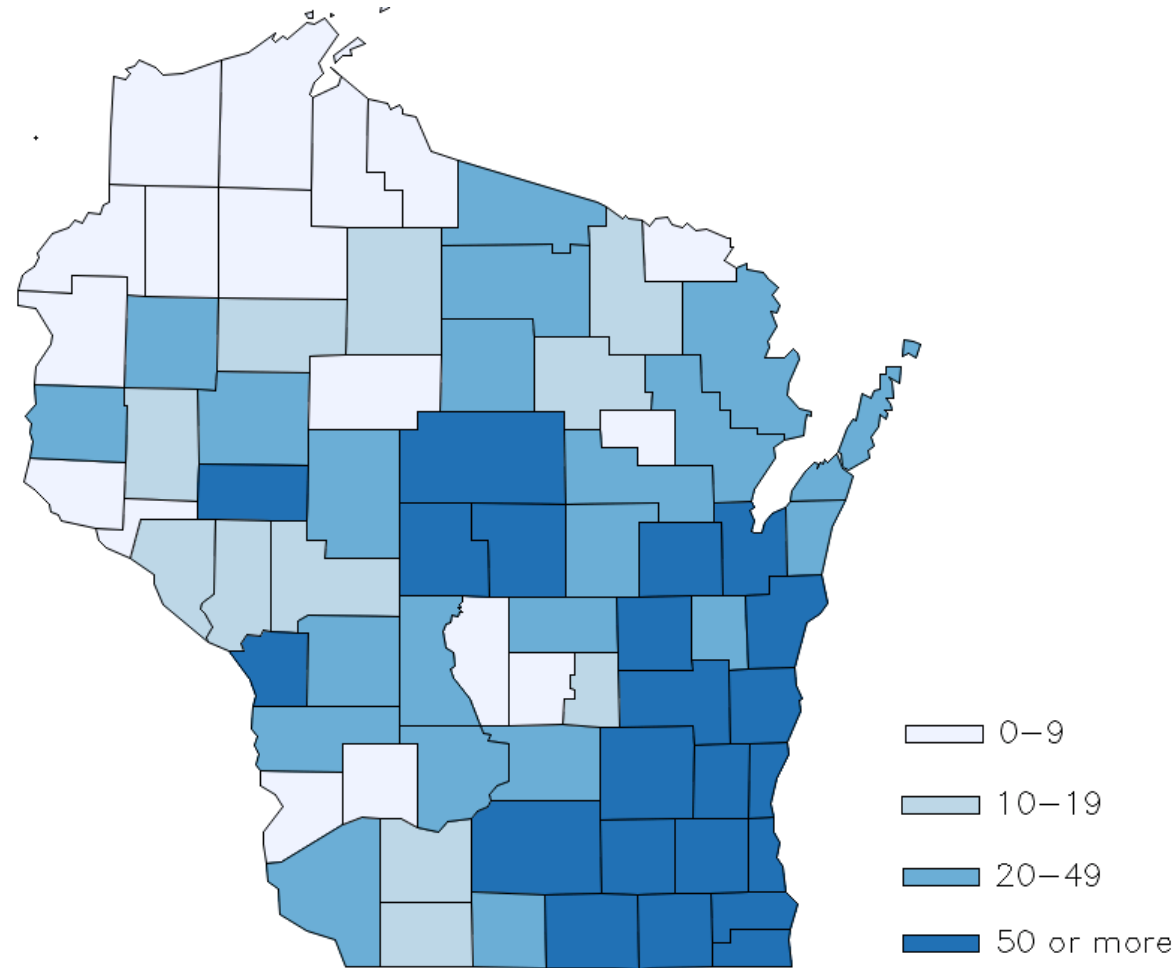
Breast initiative Next steps

- New standards from Commission on Cancer
 - Requirements for documentation
- Avoiding SLN for DCIS
- Multidisciplinary (email) helpline

Enhanced Recovery Protocols for Colorectal Surgery

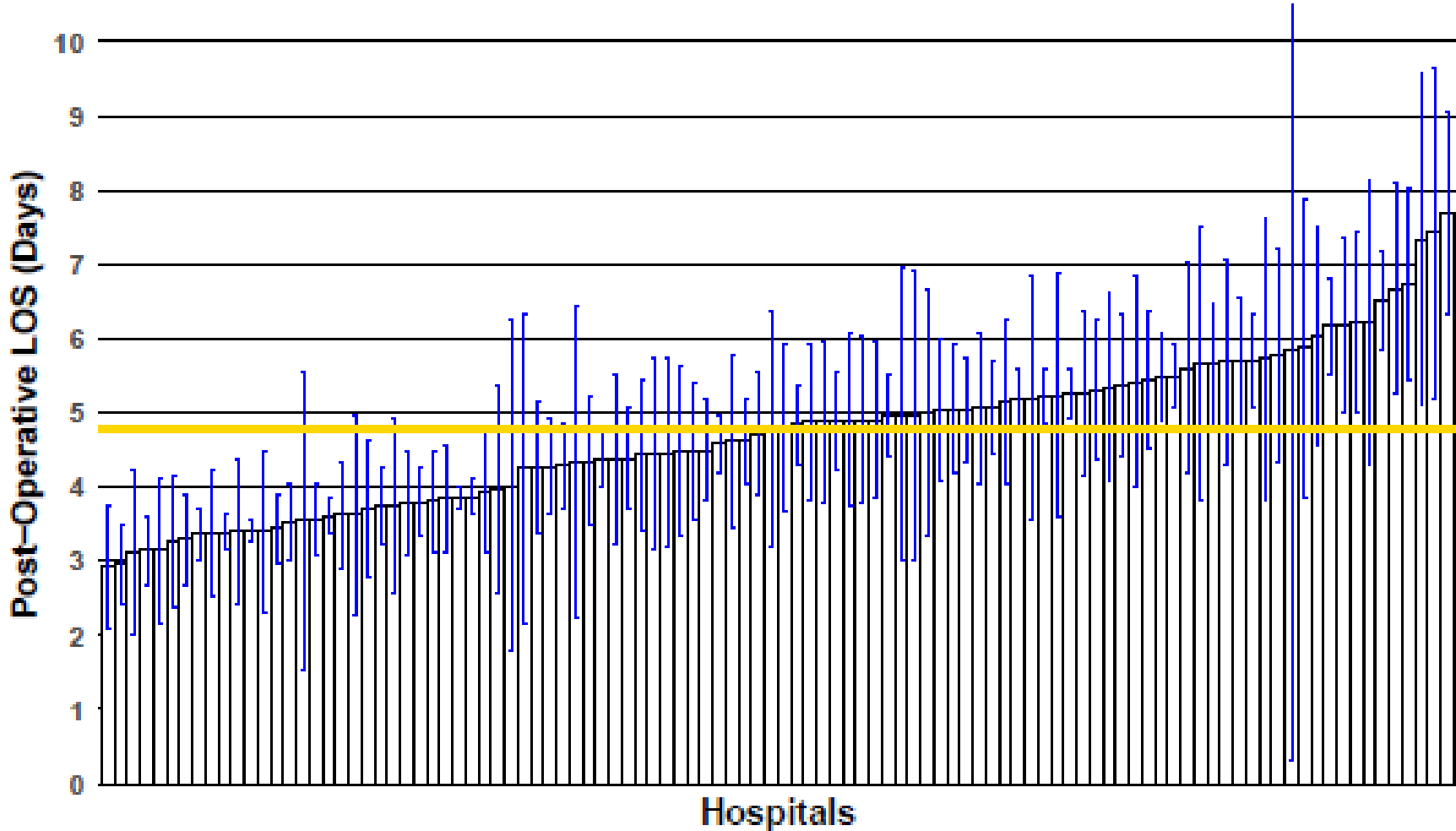


Colorectal Procedures, 2018



Of all colorectal procedures in WI, 74% were performed in an SCW hospital

Risk & Reliability Adjusted Median Length of Hospital Stay Following Colorectal Procedures in Wisconsin Hospitals (January-December 2018)



Statewide median length of stay is reflected by the yellow horizontal line. Each bar represents a hospital in Wisconsin. Error bars represent confidence intervals around each hospital estimate.

Colorectal Surgery Next Steps

- Continue to refine enhanced recovery protocols
- Improved performance reports
- Automated data abstraction from the EMR

Association Between Use of Enhanced Recovery After Surgery Protocol and Postoperative Complications in Colorectal Surgery

The Postoperative Outcomes Within Enhanced Recovery After Surgery Protocol (POWER) Study

- High adherence to enhanced recovery process measures is associated with a decrease in postoperative complications
- Implementing a protocol is not enough...
- Need to know how well you are adhering to the specific elements of the protocol

Key Points

Question Are the complications after colorectal surgery frequent and are the complications associated with Enhanced Recovery After Surgery protocols?

Findings In this cohort study of 2084 patients, 566 patients presented with moderate to severe complications. Patients receiving care at a facility that had greater adherence to the Enhanced Recovery After Surgery items had a lower number of postoperative complications, regardless of whether the center had an established Enhanced Recovery After Surgery protocol.

Meaning An increase in adherence to the Enhanced Recovery After Surgery protocol appeared to be associated with a decrease in postoperative complications; thus, a high adherence rate to the Enhanced Recovery After Surgery protocol is recommended in the management of care for patients undergoing colorectal surgery.

Colorectal Case Counts

Hospital A							Hospital B						
Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Total	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Total
25	13	21	12	30	18	119	3	6	8	6	4	8	35

Post Op Surgical Site Infections by MD

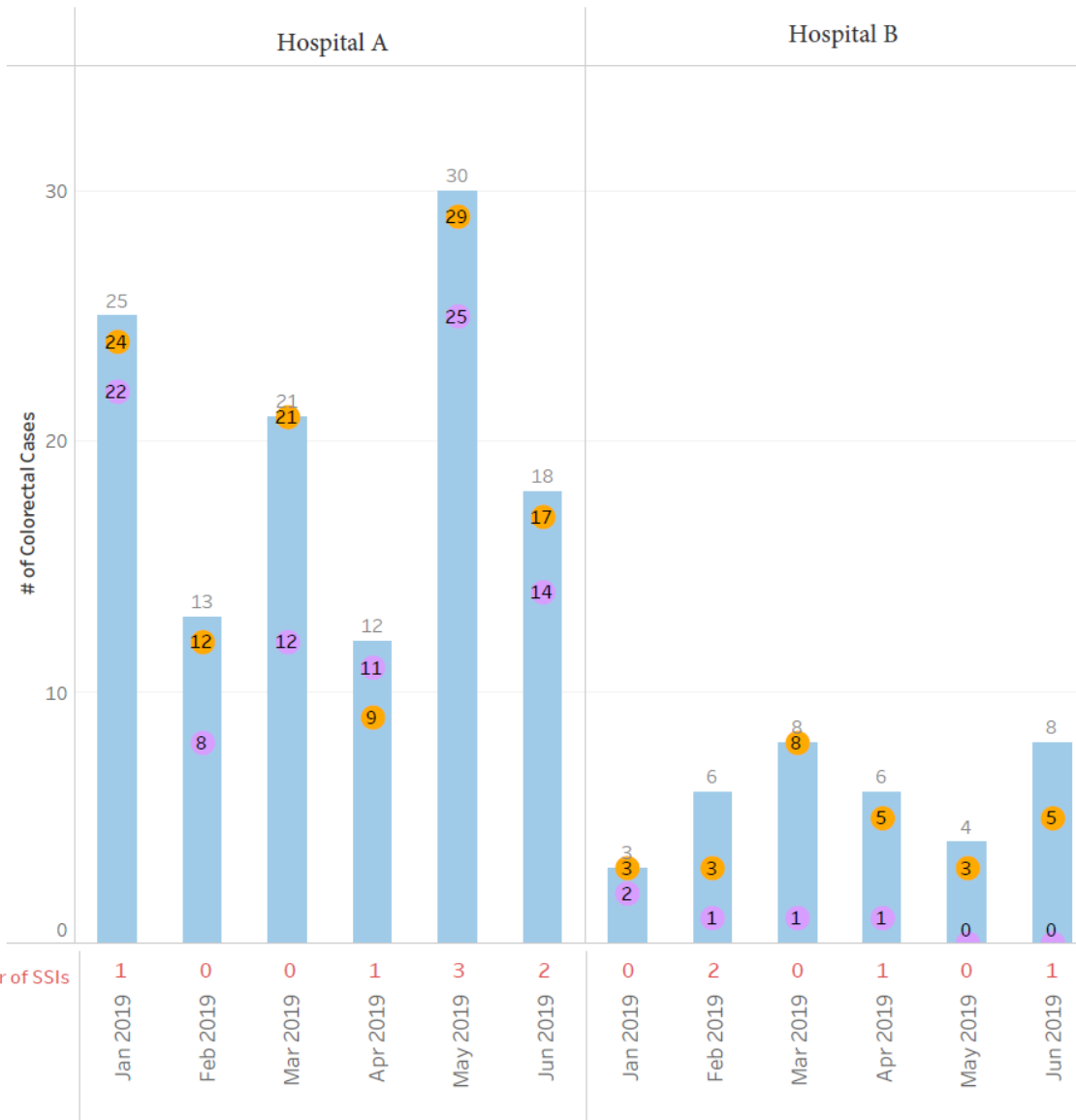
Procedure Location Description	Attending Surgeon	# Superficial Incisional SSI	# Deep Incisional SSI	# Organ/Space SSI
Hospital A	Surgeon A	0	0	1
	Surgeon B	0	0	1
	Surgeon C	1	0	1
	Total	1	0	3
Hospital B	Surgeon D	2	0	1
	Surgeon E	1	0	3
	Total	3	0	4
Grand Total		4	0	7

SSI Prevention Process Measures

- Pre-Admit Mech Bowel Prep ■
- Colectomy Oral Abx Prep ■
- Number of Cases ■
- Number of SSIs ■

Colorectal Surgery Dashboard

--> Populated by automated data abstraction from EMR



Surgical Discharge Opioid Prescriptions

All opioid formulations have been converted to 5mg oxycodone tablet equivalents

Discharge Service Selection

General Surgery

Inpatient or Outpatient Surgery

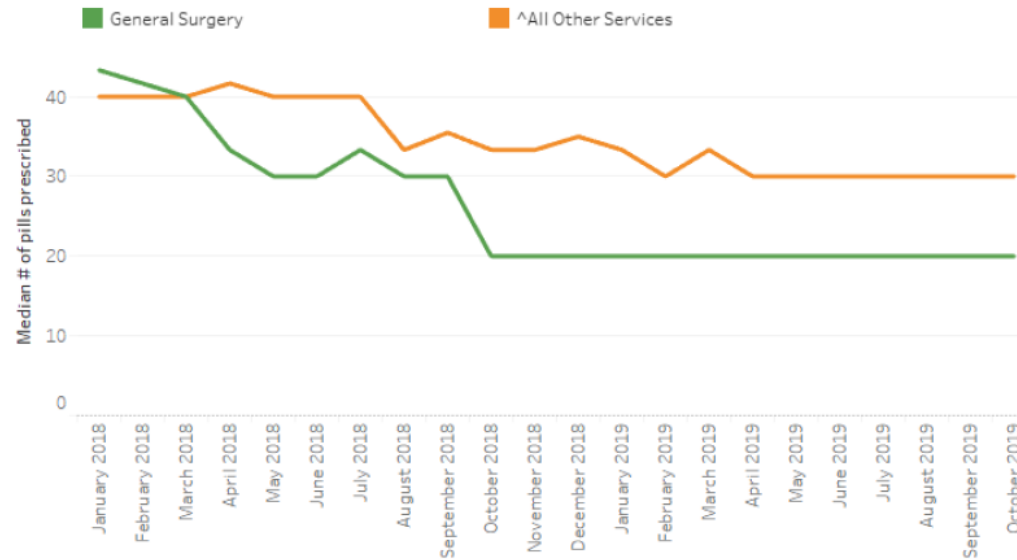
Inpatient surgeries only

Target Number of Pills Prescribed at Discharge

20

Discharged with opioids	Discharged with multimodals	Median # pills prescribed	Target # pills prescribed	Difference from target
74%	69%	25	20	25%

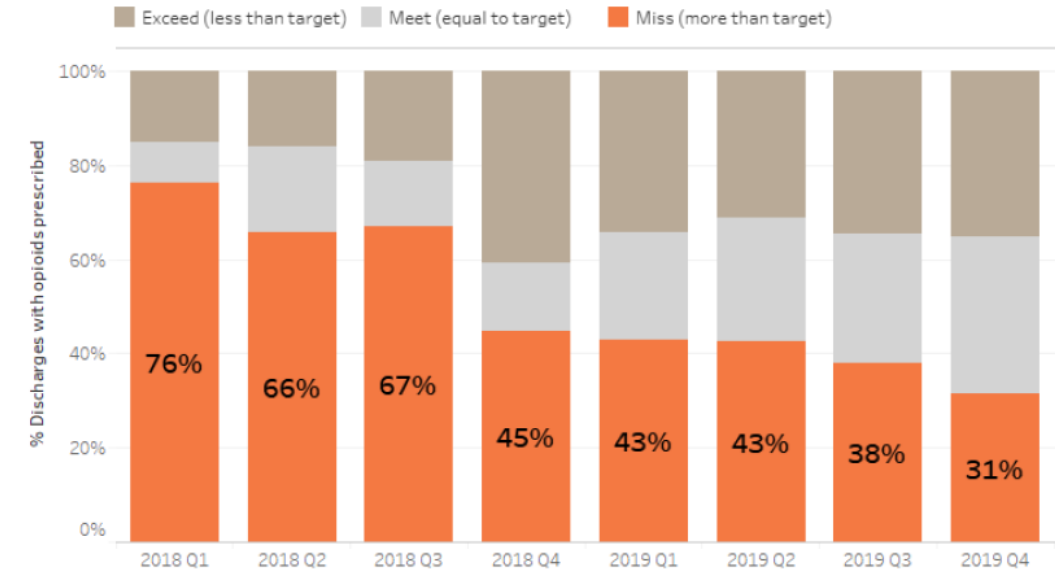
Median number of pills prescribed per patient at discharge



Summarized Measures

	General Surgery	All Other Services
# Discharges	2,929	20,475
# Discharges with opioids prescribed	2,171	14,426
# Discharges with acetaminophen or ibuprofen prescribed with opioids	1,525	6,099
# Discharges with acetaminophen or ibuprofen prescribed without opioids	487	2,061
Median # pills prescribed	25	33
Median # of pills prescribed with acetaminophen co-prescription	25	33
Median # of pills prescribed with ibuprofen co-prescription	20	20
Median # of pills prescribed for patients with opioids on PTA med list	33	60

Discharges with target number of pills prescribed



Dashboard for Postoperative Opioid Use

--> Populated by automated data abstraction from EMR

Opioid Initiative



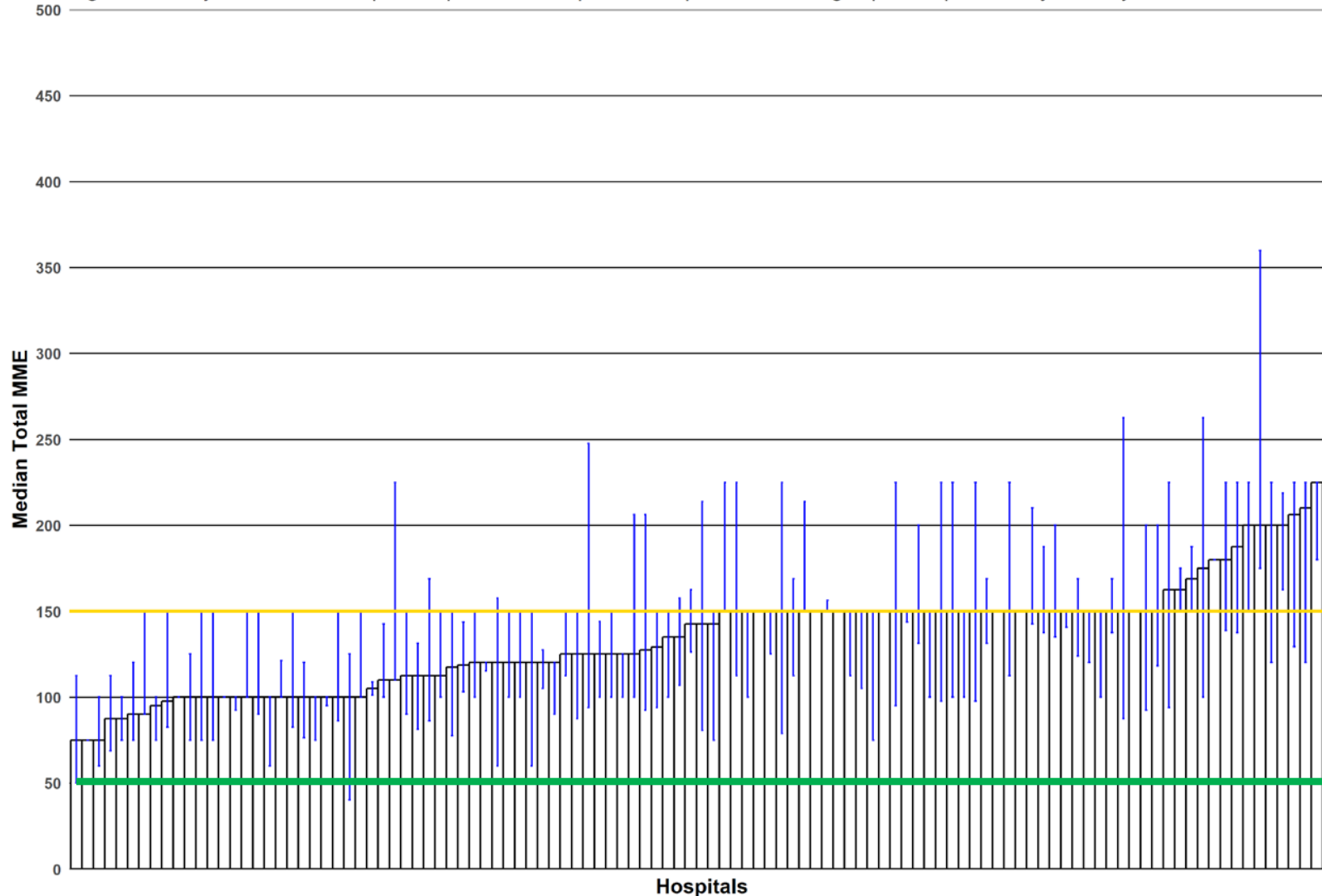
SURGICAL 
COLLABORATIVE
OF WISCONSIN

SCW Opioid Prescribing Recommendations

Procedure	Hydrocodone (Norco) 5 mg tablets Oxycodone (Percocet) 5 mg tablets Tramadol (Ultram) 50 mg tablets
Laparoscopic Cholecystectomy	0-10
Open Cholecystectomy	0-15
Appendectomy (Laparoscopic or Open)	0-10
Hernia Repair (Major or Minor, Laparoscopic or Open)	0-10
Colectomy (Laparoscopic or Open)	0-15
Ileostomy/Colostomy Creation, Re-siting, or Closure	0-15
Open Small Bowel Resection or Enterolysis	0-20
Sleeve Gastrectomy	0-10
Thyroidectomy	0-5
Hysterectomy (Vaginal or Abdominal; Laparoscopic or Open)	0-15
Breast Biopsy or Lumpectomy Alone	0-5
Lumpectomy + Sentinel Lymph Node Biopsy	0-5
Sentinel Lymph Node Biopsy Alone	0-5
Simple Mastectomy ± Sentinel Lymph Node Biopsy	0-20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	0-30
Wide Local Excision ± Sentinel Lymph Node Biopsy	0-20
Laparoscopic Donor Nephrectomy	0-10
Prostatectomy	0-10
Carotid Endarterectomy	0-10
Cardiac Surgery via Median Sternotomy	0-15
<p>Older patients are known to experience less post operative pain, require lower doses of analgesics and have higher rates of adverse reactions from opioids.</p> <p>Consider avoiding narcotic medications or using reduced doses in patients ≥70 years.</p>	

Unadjusted Median Morphine Equivalent Dose Provided to Patients Following Laparoscopic Cholecystectomy (January-December 2017)

Figure 1: Unadjusted median morphine equivalent dose provided to patients following Laparoscopic Cholecystectomy



- Yellow – Median (Equal to 30 hydrocodone)
- Green – Upper limit of SCW Guideline (Equal to 10 hydrocodone)

Horizontal line: Statewide median total morphine equivalent dose for first fill within 7 days of the index procedure.
Each bar represents a hospital in Wisconsin. Error bars represent the interquartile range around each of the hospital estimates.

Next Steps for Opioid Work

Implement the DHS disposal bags initiative

GOAL: to determine feasibility of distributing disposal bag in surgical clinics and use by surgical patients

- Pilot use of bags in 3 surgical practices
- Anticipate distribution of bags with pre-operative materials
- Measure disposal and use of bags post-operatively
- Interviews with surgeons and clinic staff to determine optimal way to implement intervention



Next Steps for Opioid Work



Implement the Hendricks Family Foundation Grant: Reducing Opioid Prescribing in the Stateline

GOAL: Work with surgeons and hospitals in Rock and Green county to reduce opioid prescribing and implement the SCW Surgical Analgesia Protocol

Collaborative Learning Opportunities





SPOTS

Safer Prescribing of Opioids after Trauma and Surgery





SAFER OPIOIDS



SAFER OPIOIDS

**CODEINE AND TRAMADOL:
NOT WORTH THE RISK**

Pediatric Umbilical Hernias



- Starting Thursday, November 21 at Noon.



A Focus on Rural Surgical Quality Initiatives



Rural Task Force

- Launched May 2019
- **Goal:** to build upon informal relationships that exist between rural hospitals within regions of the state

Next Steps:

- Recruit Members
- Develop rural focused performance reports at surgeon and hospital level
 - Incorporating latest NQF guidance for low volume reporting
- Partner with the Rural Wisconsin Health Cooperative to identify funds to support rural hospital data acquisition
- Create a rural regional collaborative network

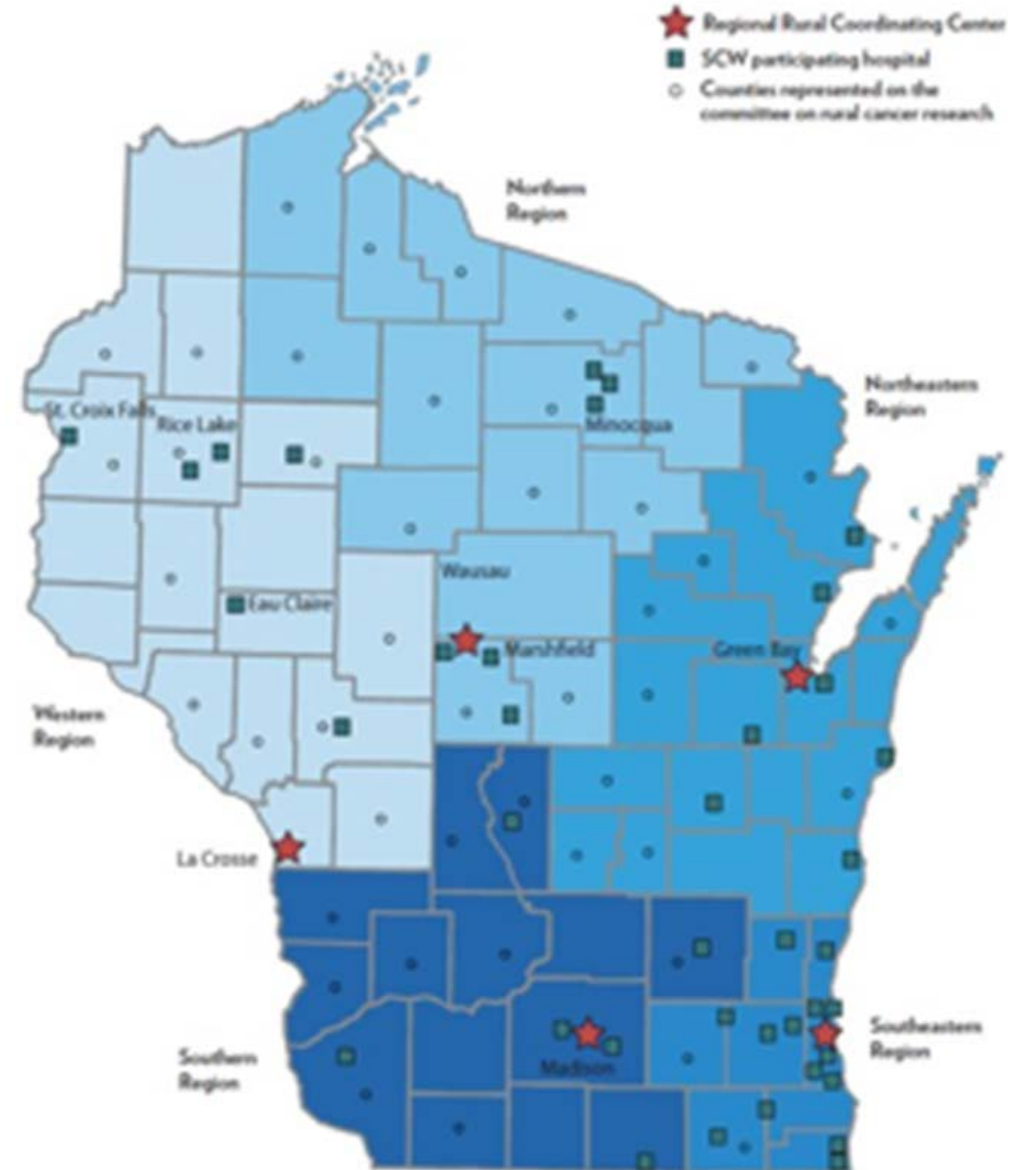
Rural Surgical Task Force of the SCW

- Rural Health NCI supplemental funding (2019)
- Focused on breast cancer surgical measures

Goal 1: Apply rural-focused data specifications to existing quality measures to produce actionable metrics

Goal 2: Engage rural surgeons and other stakeholders to (1) identify barriers and facilitators of surgical quality initiatives and (2) prioritize and tailor interventions to rural settings

Goal 3: Implement a collaborative learning program to guide members of a regional rural network through the cyclic process of performance



Thank you for coming!

Keep in touch:

<https://www.scwisconsin.org/>



@SurgCollabWi



SURGICAL COLLABORATIVE OF WISCONSIN

Save the Date

Summer Meeting
July 10–11, 2020 | Grand Geneva Resort
Families are encouraged to come



The graphic features a light blue map of Wisconsin with a red location pin. The text 'SURGICAL COLLABORATIVE OF WISCONSIN' is displayed in a serif font, with a red outline of the state to the right. Below this, 'Save the Date' is written in a large, bold, black sans-serif font. A light blue horizontal bar contains the event details: 'Summer Meeting', 'July 10–11, 2020 | Grand Geneva Resort', and the note 'Families are encouraged to come' in italics. At the bottom, three photographs are arranged: an indoor water park slide, an outdoor waterfall and pool, and a stone sign that reads 'Grand Geneva'.

Why Postoperative Opioid Prescribing?

JAMA Surgery | **Original Investigation**

Association Between Use of Enhanced Recovery After Surgery Protocol and Postoperative Complications in Colorectal Surgery

The Postoperative Outcomes Within Enhanced Recovery After Surgery Protocol (POWER) Study

Javier Ripollés-Melchor, MD; José M Ramírez-Rodríguez, PhD; Rubén Casans-Francés, PhD; César Aldecoa, PhD; Ane Abad-Motos, MD; Margarita Logroño-Egea, MD; José Antonio García-Erce, PhD; Àngels Camps-Cervantes, MD; Carlos Ferrando-Ortolá, PhD; Alejandro Suarez de la Rica, PhD; Ana Cuellar-Martínez, MD; Sandra Marmaña-Mezquita, MD; Alfredo Abad-Gurumeta, PhD; José M. Calvo-Vecino, PhD; for the POWER Study Investigators Group for the Spanish Perioperative Audit and Research Network (REDGERM)

“SCW On the Road”
