EDITORIAL COMMENTARY

Surgical Care Improvement Project Performance Measures: Good but Not Perfect

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(See the Quality Improvement Invited Article by Weston et al on pages 424–7.)

Keyword performance measures.

The process of development, implementation, and maintenance of national performance measures to assess the quality of healthcare is complex. Topics are selected for quality improvement on the basis of the impact of a clinical condition (mortality, morbidity, costs of care), presence of evidence-rated guidelines to identify best practices that can be measured, and known gaps in performance. Measures are developed after a careful review of guidelines with vetting from clinical experts in the field. Pilot testing occurs through review of samples of patient records with the target condition or with groups of providers who volunteer to participate. Implementation of the measures requires publication of detailed specifications for all data elements that must be collected to evaluate performance, and requires the programming of tools for data collection and analysis that can be utilized to evaluate performance. Maintenance of performance measures to ensure that the specifications are valid and consistent with newly developed medical knowledge requires ongoing review of published evidence. Just as postmarketing surveillance often reveals side effects of medications not identified during clinical trials, rolling out national performance measures to thousands of healthcare providers for implementation often brings to light issues with measure specifications and clinical scenarios not anticipated based on pilot testing. Changes to performance measure specifications often require additional field testing of data elements for abstraction, publication of a new specifications manual, reprogramming of data collection tools, and reprogramming of the data warehouse where information abstracted by healthcare providers is stored.

In this issue of Clinical Infectious Diseases, Weston and colleagues discuss several examples of measure specification revisions that have been required during national implementation of the Surgical Care Improvement Project (SCIP) [1]. Three of the issues discussed (replacement of percutaneous endoscopic gastrostomy tubes via fluoroscopy, antimicrobial prophylaxis for pediatric operations, and antimicrobial selection for prostate biopsy) occurred with expansion of SCIP performance metrics from the inpatient to the hospital outpatient department setting. The fourth issue (exclusion of cases with a diagnosis of avascular necrosis) impacted the denominator for inpatient hip arthroplasty cases only and had no impact on performance measure rates nationally. While the authors acknowledge that all of the clinical or abstraction issues discussed were eventually addressed with appropriate revisions to the performance measures, they highlight the length of time it takes to make changes to performance measure specifications and discuss the possible implications of these delays in an era of public accountability for performance.

Despite ongoing efforts to avoid the types of issues that Weston and colleagues describe, it is likely that revisions to national performance measure specifications based on new medical science or unforeseen clinical scenarios in practice will continue to occur. Since the inception of the National Surgical Infection Prevention Project in 2002 and with the subsequent development of SCIP in 2003, there has been extensive planning with expert input and testing for the development of all SCIP performance measures in both published and unpublished pilot tests [2–4]. SCIP performance measures are collected by >3700 hospitals submitting abstracted data on >1.2 million inpatient operations annually. The teams responsible for coordination and support of SCIP field >1600 questions a month that come from
None of the performance measure issues noted by Weston and colleagues have had any impact on hospital payment. The design of the VBP program does anticipate the need to modify specifications for performance measures when issues are identified during initial implementation. Measures must be collected for a year and then publicly reported for an additional year prior to use for hospital payment modification. This does afford some time to make revisions to measures when first implemented before they impact hospital payment. Perhaps more important, CMS has articulated that it is prioritizing outcomes measures over process of care measures going forward for the VBP program. While process of care measures (such as SCIP) account for 70% of a hospital’s VBP score for fiscal year (FY) 2013 (which began 1 October 2012), beginning in FY2014, process of care measures will only account for 45% of the total VBP score for a hospital, and that percentage drops to 20% in FY2015 [7]. Performance on hospital outpatient department measures does not impact hospital payment.

SCIP was implemented in 2003 to promote improvement on evidence-based processes of care that have been linked in clinical trials to lower surgical complications. Through SCIP, CMS and The Joint Commission created the incentive and infrastructure for data collection and quality improvement activities that have engaged almost every US hospital in which surgery is performed. While the SCIP performance measures may not be perfect, there has been much improvement in care delivery for surgical patients that may not have occurred without this national initiative. The specific issues with SCIP performance metrics highlighted by Weston and colleagues are clearly a source of frustration for providers. However, the authors do not provide any evidence that harm has occurred because of implementation of SCIP.

Note

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References