

**RESOLUTION 20 - 2010**

Subject: Improving Medical-Surgical Care Outcomes

Introduced by: Richard W Biek, MD, MPH

Referred to: Quality and Clinical Outcomes

- 1 Whereas, Death is the most extreme adverse outcome of medical-surgical care; and
- 2
- 3 Whereas, Most deaths associated with medical-surgical care occur during hospitalization or within 10
- 4 days of an outpatient visit; and
- 5
- 6 Whereas, Counting total deaths associated with medical-surgical care is the simplest and least costly
- 7 way to monitor outcomes of medical-surgical care; and
- 8
- 9 Whereas, There may be a potential reduction of up to 30% of deaths associated with medical-surgical
- 10 care; and
- 11
- 12 Whereas, Every death reduction will reduce hundreds or thousands of nonfatal adverse outcomes of
- 13 medical-surgical care; and
- 14
- 15 Whereas, Nothing else is known to have a greater potential for improving outcomes of medical-
- 16 surgical care; therefore be it
- 17
- 18 RESOLVED, That total death rates during hospital stays and within 10 days after an outpatient visit
- 19 be monitored; and be it further
- 20
- 21 RESOLVED, That all associated or concerned with improving outcomes of medical-surgical care
- 22 suggest the most practical and acceptable ways to reduce these deaths; and be it further
- 23
- 24 RESOLVED, That Wisconsin Medical Society focus on those with the lowest rates to identify factors
- 25 most likely to be associated with the lowest rates so others can emulate them; and be it further
- 26
- 27 RESOLVED, That the cost of actually monitoring these deaths be found at one or a handful of
- 28 volunteer medical-surgical sites for a short period only long enough for a good estimate of total cost
- 29 statewide.

Fiscal note: \$10,000 Staff time or third party to monitor and evaluate data.

**Relevant Policies**

**Society:**

**PRP-005**

**Outcomes Research in Wisconsin:** The Wisconsin Medical Society (Society) supports the development of a medical quality research foundation or research committee within the current Society Foundation for the purpose of developing, funding and implementing medical quality outcomes research in Wisconsin. (HOD, 0405)

**PRP-007**

**Practice Parameters and Quality Assessment:** The Wisconsin Medical Society (Society), as a leader in promoting quality health care for Wisconsin, should

- Continue its support for the development of practice parameters (including guidelines, practice measurement systems, and outcomes research).
- Assist in the dissemination of this information to its members in both its electronic (via the Society Web site) and print periodical formats.
- Monitor the misuses of practice parameters through review of concerns raised by members. (HOD, 0409)

**REQ-005**

**Performance Measures:** The Wisconsin Medical Society supports the Physician Consortium for Performance Improvement convened and operating under the auspices of the American Medical Association, and the performance measures that it has developed and encourage all those involved in developing and distributing performance measures to coordinate their efforts and assure that their measures are:

1. Feasible
2. Relevant
3. Valid
4. Patient-centered
5. Tested before distribution (HOD, 0405)

**REQ-006**

**Support for Performance Measures Developed By The Physician Consortium For Performance**

**Improvement:** The Wisconsin Medical Society supports that any allocation of resources toward physician performance measures be consistent with the guidelines of performance measures adopted by the American Medical Association. (HOD, 0405)

**AMA:**

**D-280.989 Inclusion of Observation Status in Mandatory Three Day Inpatient Stay**

Our AMA will continue to monitor problems with patient readmissions to hospitals and skilled nursing facilities and recoding of inpatient admissions as observation care and advocate for appropriate regulatory and legislative action to address these problems. (BOT Rep. 32, A-09)

**H-225.971 Credentialing and the Quality of Care**

It is the policy of the AMA:

- (1) that the hospital medical staff be recognized within the hospital as the entity with the overall responsibility for the quality of medical care;
- (2) that hospital medical staff bylaws reaffirm the JCAHO standard that medical staffs have "overall responsibility for the quality of the professional services provided by individuals with clinical privileges";
- (3) that each hospital's quality assurance, quality improvement, and other quality -related activities be coordinated with the hospital medical staff's overall responsibility for quality of medical care;
- (4) that the hospital governing body, management, and medical staff should jointly establish the purpose, duties, and responsibilities of the hospital administrative personnel involved in quality assurance and other quality-related activities; establish the qualifications for these positions; and provide a mechanism for medical staff participation in the selection, evaluation, and credentialing of these individuals;
- (5) that the hospital administrative personnel performing quality assurance and other quality activities related to patient care report to and be accountable to the medical staff committee responsible for quality improvement activities;
- (6) that the purpose, duties, responsibilities, and reporting relationships of the hospital administrative personnel performing quality assurance and other quality -related activities be included in the medical staff and hospital corporate bylaws;
- (7) that the general processes and policies related to patient care and used in a hospital quality assurance system and other quality-related activities should be developed, approved, and controlled by the hospital medical staff; and

(8) that any physician hired or retained by a hospital to be involved solely in medical staff quality of care issues be credentialed by the medical staff prior to employment in the hospital. (BOT Rep. T, I-92; Reaffirmed: CMS Rep. 10, A-03)

#### **H-450.973 Outcomes Research**

(1) It is the policy of the AMA to (a) continue to promote outcomes research as an effective mechanism to improve the quality of medical care, (b) urge that the results of outcomes research be used for educational purposes and not as part of punitive processes, (c) promote the use of outcomes research in the development of practice parameters, (d) advocate that findings of outcomes research which identify individual physicians should only be disclosed within formal peer review processes, and (e) monitor outcomes research activities of the federal government, research organizations, and others. (2) The AMA urges state medical societies, national medical specialty societies, hospital medical staffs, and individual physicians to (a) assist organizations in the planning, development, implementation, and evaluation of appropriate outcomes research, (b) identify the significance and limitations of the findings of outcomes research, and (c) ensure that outcomes research is conducted in a manner that protects the confidentiality of patients and physicians. (3) The AMA urges organizations conducting or planning to conduct outcomes research to (a) ensure the accuracy of the data used in outcomes research, (b) include relevant physician organizations and practicing physicians in all phases of outcomes research, including the planning, development, implementation, and evaluation of outcomes research, (c) provide physician organizations and practicing physicians with adequate opportunity to review and comment on interpretations of the results of outcomes research, and (d) ensure that outcomes research is conducted in a manner that maintains patient and physician confidentiality. (BOT Rep. K, A-91; Reaffirmed: BOT Rep. 40, I-93; Reaffirmed: CMS Rep. 7, A-05)

#### **H-450.966 Quality Management**

The AMA: (1) continues to advocate for quality management provisions that are consistent with AMA policy; (2) seeks an active role in any public or private sector efforts to develop national medical quality and performance standards and measures; (3) continues to facilitate meetings of public and private sector organizations as a means of coordinating public and private sector efforts to develop and evaluate quality and performance standards and measures; (4) emphasizes the importance of all organizations developing, or planning to develop, quality and performance standards and measures to include actively practicing physicians and physician organizations in the development, implementation, and evaluation of such efforts; (5) urges national medical specialty societies and state medical associations to participate in relevant public and private sector efforts to develop, implement, and evaluate quality and performance standards and measures; and (6) advocates that the following principles be used to guide the development and evaluation of quality and performance standards and measures under federal and state health system reform efforts:

- (a) Standards and measure shall have demonstrated validity and reliability.
- (b) Standards and measures shall reflect current professional knowledge and available medical technologies.
- (c) Standards and measures shall be linked to health outcomes and/or access to care.
- (d) Standards and measures shall be representative of the range of health care services commonly provided by those being measured.
- (e) Standards and measures shall recognize the informational needs of patients and physicians.
- (f) Standards and measures shall recognize variations in the local and regional health care needs of different patient populations.
- (g) Standards and measures shall recognize the importance and implications of patient choice and preference.
- (h) Standards and measures shall recognize and adjust for factors that are not within the direct control of those being measured.
- (i) Data collection needs related to standards and measures shall not result in undue administrative burden for those being measures. (BOT Rep. 35, A-94; Reaffirmed: CMS Rep. 10, I-95; Reaffirmed: CMS Rep. 7, A-05)