

The Society of Thoracic Surgeons

STS NEWS



OUR MISSION IS TO ENHANCE THE ABILITY OF CARDIOTHORACIC SURGEONS TO PROVIDE THE HIGHEST QUALITY PATIENT CARE THROUGH EDUCATION, RESEARCH, AND ADVOCACY

SPECIAL EDITION:

public REPORTING

Public Reporting Information in *Annals* Supplement

For more detailed information about public reporting, check out the special supplement included in the [September issue of *The Annals of Thoracic Surgery*](#).

The supplement is authored by David M. Shahian, MD, Chair of the Workforce on National Databases; Fred H. Edwards, MD, Director of the STS Research Center and Chair of the Workforce on Research Development; Jeffrey P. Jacobs, MD, Chair of the Congenital Heart Surgery Database Task Force; and Richard L. Prager, MD, Chair of the Adult Cardiac Surgery Database Task Force, among others. Dr. Shahian provides an introduction to the supplement, citing the hope that “this review will serve as a valuable resource for those who wish to better understand the many issues surrounding public reporting.” He also notes that, going forward, “performance measurement and transparency will play an increasingly important role across all of health care.”

Part I of the supplement addresses the ethical foundation for public reporting as well as its historical evolution and its impact (both positive and negative) on quality improvement and consumer choice. Part II details implementation of public reporting—what measures should be reported, data sources, statistical methods, determination of outliers, and how the information should be presented to the public.

[Read this helpful resource](#) and learn more about the value and importance of public reporting.

The Value of Public Reporting

Cardiothoracic surgeons have long recognized a professional obligation to collect data and analyze outcomes as a means to achieve quality improvement. Since the STS National Database was established, its participants have dedicated considerable time and expense to data collection in an effort to establish a national benchmark for measuring their outcomes.

The willingness of cardiothoracic surgeons to monitor and improve their outcomes has led to a significant drop in CABG mortality. The STS Adult Cardiac Surgery Database (ACSD) began in 1989 as a tool primarily for local quality improvement, but it has evolved over the past two decades into a leading example of professional accountability and commitment to patient care. With the increased emphasis on transparency at the national health policy level, the ACSD became a valuable resource in the evolution of public reporting.

When STS Public Reporting Online launched in January 2011, approximately one-fifth of ACSD participants voluntarily consented to publicly report. That figure has now grown to one-third of participants.

“Public reporting is a chance for cardiothoracic surgeons to showcase their outcomes,” said Robert S.D. Higgins, MD, Director of Ohio State University’s Comprehensive Transplant Center and Professor and Director of the Division of Cardiac Surgery. “In our community, public reporting is a kind of seal of approval. I don’t think the distinctions between average and above average are really that significant—the important thing is that institutions are willing to talk about their outcomes.”

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PUBLIC REPORTING: Participants Respond

“We believe the professional medical societies should take the lead in reporting clinical outcomes data to the public, rather than the myriad outcome reports now proliferating,” Kronenberg said. “Whatever the shortcomings of this initial STS public reporting program, it is still superior to the administrative/financial data outcomes reports currently in use for public reporting. Cardiac surgery programs that decline to participate in STS public reporting are, by default, allowing third-party organizations using administrative/financial data to influence public perception of cardiac surgery. The public needs to know that clinical data outcomes reports presented by professional medical societies offer a more accurate picture of the true quality of cardiac surgery.”

As a member of the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) Quality Collaborative, Richard L. Prager, MD, praises the Michigan one-star program that chose to participate in STS Public Reporting Online.

“I believe that one-star programs can become all stars in the next year with just small changes,” Dr. Prager said. “Those who take an actual look in the mirror can usually fix what’s broken.”

He noted that when members of the MSTCVS Quality Collaborative, a group dedicated to improving the care of cardiac surgery patients in Michigan, asked STS for a composite score for its 33 sites, they had an aggregate two-star rating. By the next measurement period six months later, following MSTCVS quality initiatives and statewide site reviews, the composite score for the state had improved to three stars.

Paul J. Corso, MD, Director of Cardiac Surgery at Washington Hospital Center in Washington, DC, sums up what many feel about public reporting. He supports participation in STS Public Reporting Online because he believes it is superior to sites that base ratings on flawed or incomplete data.

“We feel that STS is the most accurate, risk-adjusted Database,” Dr. Corso said. “I have even used the STS Database to refute data that some insurance companies have presented to me. Despite some weaknesses, we felt we would rather define ourselves using the STS Database, as opposed to others defining us using very questionable means. Even payors are beginning to realize the sources of data they have are incomplete.”

Dr. Corso said that the hospital’s long-term participation in the STS National Database made the move to public reporting easier.

“Interestingly, we had no push back from legal or administrators,” Dr. Corso said. “We believe that public reporting is essentially a *fait accompli* because there are so many organizations that rate institutions based on flawed or incomplete data.”

While participation in public reporting continues to grow, many of the country’s most respected medical institutions choose not to participate. In fact, according to John Santa, MD, Director of the Consumer Reports Health Rating Center, the most frequently asked question by reporters doing stories on quality reporting is why some of the top-rated institutions are not participants.

“Many institutions with great reputations feel they don’t need to take part in public reporting to attract patients, because they already have the good name and their rating could go down,” said Fred H. Edwards, MD, Director of the STS Research Center. “But there is a professional accountability to participating in public reporting, even among the major centers.”

Stanford Hospitals and Clinics in Stanford, Calif., is a case in point. Stanford has participated in STS Public Reporting Online from the beginning—despite a two star rating.

“As Chair of the Department of Cardiothoracic Surgery, Dr. Robert Robbins was the driving force behind our decision to participate in public reporting,” said Scott Kronenberg, Cardiovascular Clinical Outcomes Director at Stanford. “Dr. Robbins strongly supports data transparency and public reporting based on clinical data.”

According to Kronenberg, Dr. Robbins backs the presentation of cardiac surgery outcomes data to the public based on clinical rather than administrative data and hopes STS will expand public reporting to include additional surgical procedures beyond CABG.

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Public Reporting in Response to Increased Patient Interest

For the past 75 years, *Consumer Reports* (CR) has been an advocate for informed consumers, and medical stories have been featured since the magazine's beginning.

With increased reader interest in health care issues, CR has enhanced its health care coverage and, in 2008, launched the Consumer Reports Health Ratings Center.

The Center is designed to provide consumers with helpful information on the cost, quality, and safety of health care, applying the same scientific rigor and expertise to its evaluations of treatments, drugs, and providers that has been used in comparative tests of products such as cars and cameras. But the model *Consumer Reports* uses to compare refrigerators and cars was not easily converted to health care ratings. So John Santa, MD, MPH, Director of the Consumer Reports Health Ratings Center, contacted the Society because of its prestigious STS National Database.

"Health care is especially challenging since drug companies and hospitals dominate the information," Dr. Santa said. "This is less true with doctors, but in the case of heart disease, there is an enormous amount of 'seller' information. While STS information comes from doctors, it has been managed in a variety of ways to analyze and present it fairly, and it is the same information heart surgeons use to evaluate their own work. We see it as leveling the playing field."

From a consumer viewpoint, medical stories have always been well-received, according to Dr. Santa. A recent readership survey shows that health care related stories have accounted for three of the top 20 *Consumer Reports* stories in recent history.

"Heart disease is particularly interesting to consumers, especially our audience, which is older, highly educated, and more male than female," Dr. Santa said. "We know our readers are very interested in health care provider comparisons and we knew that the heart surgeons had great data."

Dr. Santa said that participation in the STS/CR public reporting efforts are going about as he expected.

"Some surgeons still have reservations about public reporting; they are watching and waiting to see what's going to happen," Dr. Santa said. "But that's how successful new things in medicine begin, about 10 to 25 percent are usually early adopters, and that's been consistent here. STS has all the signs of growing support and participation."

Dr. Santa believes the voluntary consent process is important. In the first round of CR public reporting, 221 Adult Cardiac Surgery Database participants signed consent forms. In the second round, that figure grew to 323—approximately one-third of Database participants. Between the *Consumer Reports* print and online versions, Dr. Santa estimates that approximately 4 million people are seeing the STS ratings.

"The most common question we get is from reporters who ask why Cleveland Clinic, Johns Hopkins, Mayo Clinic, or other programs recognized as among the best in the country are not listed in *Consumer Reports*," he said. "Since these programs are already top-rated, maybe they feel they don't need the additional recognition. But I think the fact that there are three star hospitals in North Dakota means that people will soon realize they can get top heart surgery in smaller hospitals near their home."

Consumer Reports Heart Ratings

To help consumers make informed decisions on cardiac care, the ratings for 323 STS National Database participants were included in an 11-page cover story in the [September issue of *Consumer Reports*](#) magazine, also available online at www.ConsumerReports.org. To obtain a consent form to participate in the next *Consumer Reports* heart ratings, [click here](#).

And with the aging Baby Boomer population, Dr. Santa expects the demand for health care information to increase.

"Our audience is going to use these health care ratings more each year," he said. "People respect their doctor, but they realize the value of doing more research. As Americans pay for a larger portion of their health care through cost sharing, they're going to look for the most reliable data to make health care decisions."

Dr. Santa said he has been familiar with the STS National Database since he saw his colleagues entering heart surgery data back in the 1990s at the hospital where he worked as an internist.

"This [STS/CR] partnership occurred because STS has great data, and the Society's leadership has made it a priority," Dr. Santa said. "As I travel in medical circles, I am constantly hearing that STS data is as good as it gets. So many people tell me that they don't buy anything without checking *Consumer Reports*. I think eventually the same will be true of heart surgeon ratings."

REMEMBER: Public Reporting Deadline

OCTOBER 19 is the deadline for submitting consent/release forms to participate in STS Public Reporting Online and/or the Consumer Reports Health initiative.

Visit www.sts.org/publicreportingconsentforms to access and print the forms. Once completed, the forms should be faxed to (312) 202-5867. If you have questions about the consent/release form process, please contact Bianca Reyes, STS Manager of Database Development, at breyes@sts.org or (312) 202-5839.

“We are seeing that both insurance companies and consumers have a great desire for information to aid them in making good health care decisions.”

— Helen Burstin, MD, MPH

NATIONAL QUALITY FORUM ENDORSES PUBLIC REPORTING

The National Quality Forum (NQF) was established in 1999 with a charge to improve health care in the United States. Early on, NQF identified standardized performance measurement and public reporting as among the best ways to improve the quality of patient care. STS, recognizing a shared goal with NQF of better patient outcomes, sought and achieved NQF endorsement for 21 of its Adult Cardiac Surgery Database quality measures – measures that have proved vital not only to improved outcomes, but also to accurate reimbursement rates from CMS and the Physician Quality Reporting System for cardiothoracic surgeons. STS also shares with NQF a commitment to improving patient outcomes through public reporting of those NQF-endorsed quality measures.

“We are seeing that both insurance companies and consumers have a great desire for information to aid them in making good health care decisions,” said NQF Senior Vice President for Performance Measures, Helen Burstin, MD, MPH. “Given the requirement of greater transparency, there is increasing evidence that public reporting efforts will continue to grow.”

Dr. Burstin offers encouragement to Adult Cardiac Surgery Database participants to sign up for STS Public Reporting Online.

“STS has long had a very robust, well-respected Database,” said Dr. Burstin. “Participating in the STS National Database, which cardiothoracic surgeons have so much confidence in, is a whole lot better than an alternative with measures developed by some other entity that participants aren’t comfortable with.”

She also believes that public reporting contributes to a sense of professionalism and it is a benchmark which can be used by institutions for comparison. Those who choose to delay public reporting will likely have to participate eventually, according to Dr. Burstin.

“It is still uncertain how public reporting will evolve,” she said. “We now have public reporting at the surgical group level, and there is some interest in getting it to the physician level. It’s not always clear how engaged patients are in this information, but the purchasers, who make decisions on behalf of patients, are definitely aware of and using public reporting information.”

Ethics of Public Reporting

Cardiothoracic surgeons and hospital administrators must consider the implications of participating in voluntary public reporting, but one aspect that sometimes can be overlooked is the ethical responsibility fulfilled by making such a commitment.

“Public reporting promotes patient autonomy,” said David M. Shahian, MD, Chair of the Workforce on National Databases. “Patients have a right to make informed decisions about choice of treatment and providers, and public reporting is one way to facilitate this.”

Dr. Shahian has been involved with public reporting for almost a decade, beginning when he was appointed to chair the state commission responsible for implementing mandatory public reporting in Massachusetts.

“Measurement, public reporting, transparency, and accountability are all integral parts of health care reform,” he said. “That is a trend that is only going to continue, and STS must continue to take a leadership role.”

In public reporting of STS Adult Cardiac Surgery Database CAGB outcomes data, patients are seeing risk-adjusted data, which means more accurate ratings and makes for better informed decision making. The STS Risk Calculator, an important tool that uses STS risk models to account for the impact of patient risk factors on operative mortality and morbidity, allows users to calculate a patient’s risk of complications, such as long length of stay or renal failure, as well as mortality. While physicians often present their patients with average risks, the STS Risk Calculator can calculate the actual risks for a specific patient.

“Those about to undergo CT surgery have a right to our best estimate of what their specific risks will be,” Dr. Shahian said. “The STS Risk Calculator can provide a tailored prediction of their individual risks based on their clinical presentation.”

In the Adult Cardiac Surgery Database version 2.73, more risk factors are accounted for than in previous versions—now adding aortic calcification, frailty, and severe liver disease.

Publicly reported data must be accurate, but they also must be as easy to understand as possible, because what is not understood is too easily ignored. The *Consumer Reports* and STS Public Reporting Online initiatives use a one, two, or three star rating system, calculated using a combination of 11 quality performance measures. With accessible, accurate, and understandable outcomes data in hand, patients are best able to contribute in a meaningful way to their health care decisions.

“Public reporting also allows patients to consider the past outcomes of potential providers, which is one more element to consider in their informed decision making,” Dr. Shahian said.

Because of the STS National Database, the public can access information from CT surgeons and their teams based on risk-adjusted outcomes, a far better indicator than unadjusted, or inadequately adjusted administrative data.

“When it comes to public reporting, cardiothoracic surgeons are at a distinct advantage, given our highly credible STS data and analytical methodologies,” Dr. Shahian said. “We are in the best possible position to provide reliable results. But, for our public reporting efforts to be successful, the majority of cardiothoracic programs have to participate. The greater the participation, the less incentive there is for other entities to develop cardiac surgery report cards based on inferior data and methodologies.”

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FREQUENTLY ASKED QUESTIONS ABOUT PUBLIC REPORTING

1 Question: How often are the public reporting websites updated?

Answer: Both STS Public Reporting Online and the *Consumer Reports* website are updated semi-annually.

2 Question: When should a participant submit the consent forms?

Answer: Completed consent forms can be faxed to (312) 202-5867. To follow the semiannual update schedule of STS Public Reporting Online and the *Consumer Reports* website, there is a semiannual consent form deadline. Participants who have not yet consented to the public reporting initiatives will receive an e-mail notification of the exact consent form deadline. If a consent form is submitted after the deadline, the form will be applied to the next subsequent round of public reporting.

3 Question: If a participant has already consented to public reporting, does the participant have to consent for each round?

Answer: Once a participant has submitted consent form(s) for public reporting, consent form(s) for each round is (are) not needed. (Please note that there are two separate consent forms: one for STS Public Reporting Online and one for *Consumer Reports*.) Should a change in ownership or hospital National Provider Identifier occur, the Participation Agreement and consent form(s) must be updated.

4 Question: Who should sign the consent form?

Answer: The designated Surgeon Representative must sign on behalf of the Surgeon Participant (typically a surgical group). An authorized Hospital Representative must sign on behalf of the hospital, regardless of whether there is a hospital participant included in the Participation Agreement.

5 Question: Are there guidelines for participants regarding using quality ratings in press releases?

Answer: The STS Policy Statement on Public Dissemination of Quality Ratings for Participants is available in participants' harvest reports. In addition, the policy on use of data is available at sts.org.

6 Question: Our surgeon wants to publicly report his/her data as a sole surgeon. Can STS or the Duke Clinical Research Institute (DCRI) provide this service?

Answer: The answer to this question depends on the composition of the participation/surgeon group. If the participant is a single surgeon, then those public reporting data will be for a single surgeon. However, the intent of public reporting is to report at the aggregate level, i.e., surgeon group or hospital. Therefore, STS and CR publically report data at a group level.

7 Question: What are the benefits of consenting to publicly report on both websites?

Answer: STS strongly encourages consenting to public reporting on both the *Consumer Reports* website and STS Public Reporting Online. Both websites display quality ratings in an accurate way, however with different readership. The *Consumer Reports* website is easily accessible to subscribers, including potential cardiothoracic surgery patients, families, and friends. In general, users of STS Public Reporting Online are other surgeons, participants, clinicians, insurance companies, health care quality organizations, and the medical community. However, the data are also publicly available to consumers and patients who may visit the Society's website.

8 Question: My hospital administration wants more information on public reporting. Where can I find this information?

Answer: Detailed public reporting information can be found at www.sts.org/publicreporting.

For additional questions about STS public reporting initiatives, contact Bianca Reyes, STS Manager of Database Development, at breyes@sts.org or (312) 202-5839.

Public Reporting Clarification

Public reporting is still a relatively new concept for many STS Adult Cardiac Surgery Database participants, and some aspects of the process have caused confusion. The information below should provide clarification on two frequently asked questions.

The time periods for publicly reported data on the *Consumer Reports* (CR) website (www.ConsumerReports.org/Health) and *STS Public Reporting Online* slightly differ. Data for one 12-month period are reported on the CR website. STS Public Reporting Online reports two 12-month periods of data. Each subsequent round of public reporting will report 12-month period(s) and will refresh data in a rolling time period every six months.

There also has been some confusion as to whether participants have the opportunity to review their rating prior to publication. Database participants regularly receive their quality rating as part of their harvest report and, through that report, can see what rating will be published if they have voluntarily agreed to participate in public reporting. However, should a participant ever wish to rescind its consent for public reporting, the participant must notify STS immediately in writing and STS will act promptly to remove the participant from the public reporting site(s). If the data have already been processed, however, it would not be possible to rescind consent for that round of reporting. Data for that participant for the subsequent reporting round would not be published.



STS Task Force Plays Vital Role in Public Reporting Efforts

When congenital heart surgeon Jeffrey P. Jacobs, MD first heard about public reporting of heart surgery data, he was, like many others, wary. It wasn't an effort he immediately embraced, yet he didn't reject it either. As the benefits of early public reporting efforts in states like New York became obvious, Dr. Jacobs began to appreciate the concept and wrote several papers supporting the idea. In 2009, when STS made the decision to establish the STS Public Reporting Task Force, Dr. Jacobs was selected as Chair. This Task Force reports to the Workforce on National Databases, chaired by David M. Shahian, MD.

"When I considered the concept in depth, I thought it sounded realistic," Dr. Jacobs said. "Public reporting was something that was going to happen anyway. The breakthrough idea was that public reporting should take place under the direction of professional medical societies, rather than reporters who have no education, training, or background in cardiothoracic surgery, and it was preferable to the government using flawed administrative claims data."

The Public Reporting Task Force was charged with developing a platform for public reporting, work that eventually evolved into data being available in two formats – one for STS Public Reporting Online and another for *Consumer Reports*.

"Public reporting was inevitable," Dr. Jacobs said. "People have a right to know, and a platform was needed that could be

understood by patients and their families. We wanted it to be voluntary, in the hope that as members became increasingly comfortable with public reporting, participation would increase."

The Task Force spent approximately a year developing guidelines for public reporting. It also worked with *Consumer Reports* on its public reporting effort using data from the STS Adult Cardiac Surgery Database.

"We went with *Consumer Reports* because it's a well-respected organization that people use to fairly assess a variety of products," Dr. Jacobs said. "It has a reputation of being fair and unbiased and has wide distribution."

It is noteworthy that a subscription to *Consumer Reports* is necessary to assess data through its magazine or website, while STS provides that information at no charge to help educate the public. Now that both avenues are up and running, the Task Force oversees the twice yearly updates, along with helping to ensure that the data are accurate and complete.

"Our goal is to expand beyond CABG to other domains, most likely to valvular heart surgery next, and eventually publicly report thoracic and congenital data," Dr. Jacobs said. "Work on the Task Force has been very rewarding; the first year we achieved substantial goals. Public reporting is another example of the Society being a national leader."

Value of Public Reporting

(continued from cover)

The STS National Database has become a widely respected resource for patients, payors, legislators, and health care policymakers who look to the Society to develop fair and meaningful reporting structures. Believing that the public has a right to know and understand the quality of surgical outcomes, STS sees public reporting as an ethical responsibility of the specialty.

"The list of participants does not necessarily include those programs you'd expect to see out front," Dr. Higgins said. "When you think of the top 10 heart programs in the country, many of those don't participate in public reporting. But they should—it would validate their rating and is an obvious means to show the best of the best."

Dr. Higgins agrees that evaluations of quality based solely on administrative or claims data are incomplete, misleading, and possibly inaccurate. STS methodology ensures that 11 individual components of clinical care are addressed, going beyond just mortality and morbidity rates to include adherence to National Quality Forum-endorsed measures of quality.

Those STS Adult Cardiac Surgery Database participants who have not yet joined an STS public reporting initiative are urged to do so and share their data with the public.

"I expect that ultimately all cardiothoracic surgeons will report their results," Dr. Higgins said. "As the definitions of the average and above average status categories become more clearly defined and refined, I believe more programs will be inclined to participate."