

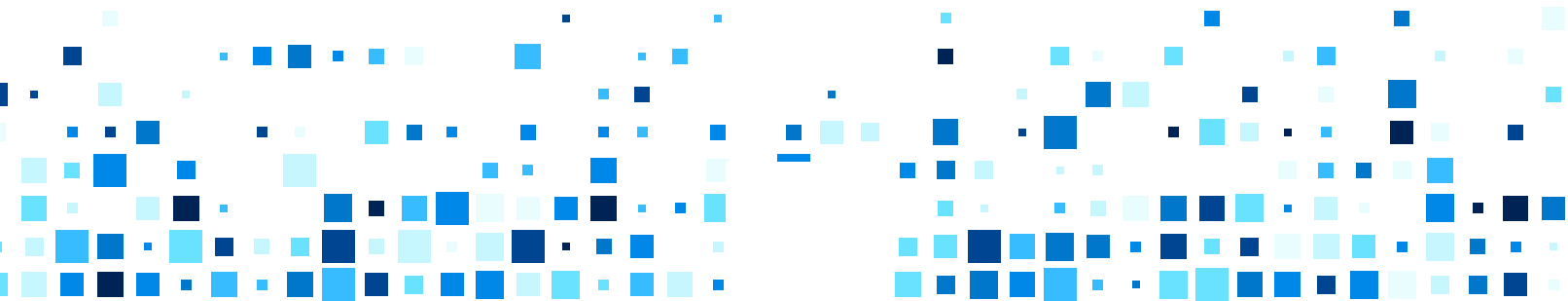


**ABDOMINAL CORE HEALTH QUALITY
COLLABORATIVE FOUNDATION**

ANNUAL REPORT
2021

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PRESIDENT'S MESSAGE

Our country and our communities continued to be challenged by the persistence of the COVID-19 pandemic in 2021 but through it all, the ACHQC remained resilient and committed to our mission of enhancing patient care.

We focused on enriching engagement with our stakeholders through purposeful, concerted efforts to nurture our connections and expand our outreach. Last year we launched new Committees within the Collaborative which flourished in 2021, delivering novel ideas, tools, opportunities and support systems for patients, participating surgeons, residents/fellows, and our diverse membership.



The ACHQC continues to grow, now including 460 surgeons operating in 45 states across the country. With approximately 50% academic and 50% private practice/community-based surgeons participating, the Collaborative reflects the diverse experience of the real world of hernia surgery. Thanks to the work and commitment of our surgeons and care teams, the ACHQC Registry included data on over 89,500 patients by the end of 2021.

When the pandemic stymied our plans for our in-person annual Quality Improvement Summit, we pivoted to an on-line format. Although disappointed that we could not be together physically, we mastered virtual platforms and chat-rooms and remotely exchanged experiences and data-driven insights to optimize surgical outcomes. With close to 200 registrants, our re-invented 3rd Annual QI Summit was a tremendous success.

We continued delivering virtual programs throughout the year, featuring monthly QC Core Insights. These interactive hourly seminars highlight important issues related to abdominal core health and are offered free to anyone interested in learning more about our field. QC Core Insights topics this year included informative updates on pain management strategies from the ACHQC Opioid Reduction Task Force, optimizing patient rehabilitation and the ACHQC Core Rehab Protocols and setting expectations of success from the patient's perspective.

Through engagement with like-minded national organizations, in 2021 our Collaborative gained access to a wealth of information, best practices and new resources. In June, the ACHQC was welcomed as a member of the National Health Council (NHC). Created by and for patients in 1920, the NHC includes the nation's leading patient advocacy and nonprofit health organizations who work together to forge consensus and drive patient-centered health policy.

The pandemic didn't hinder our ACHQC analytic team who remained extremely busy analyzing the copious ACHQC data within our registry. Their efforts supported 17 peer-reviewed publications and countless presentations utilizing ACHQC data throughout the year. And, when they weren't crunching numbers, our analysts focused on processes to link ACHQC data with other national data sources including the Centers for Medicare & Medicaid Services (CMS), the National Center for Health Statistics (NCHS) and the Economic Innovation Group (EIG). Through a license with EIG, we have integrated the Distressed Communities Index (DCI) with our Registry. As a result, we now can perform in-depth outcomes analyses based on metrics sensitive to socioeconomic status and health care availability. We can identify gaps and understand potential outcomes disparities and uncover opportunities for improvement in how we provide care to underserved patients at the community level.

I am so inspired by how far we've come and all we've accomplished together. Over the past 8 years, we have made important contributions to the field of abdominal core health and improved how we deliver care. I am grateful to work alongside committed participating surgeons, healthcare providers, patients, FDA representatives and Foundation Partners who share unwavering dedication to our mission, particularly throughout these challenging times.

On behalf of the ACHQC Board, we thank you for your ongoing support in 2021. We are dedicated to continuing to serve our patients and look forward to what lies ahead in 2022.

A handwritten signature in black ink, appearing to read "Michael J. Rosen". The signature is fluid and cursive, written over a light gray background.

Michael J. Rosen, MD

MISSION

To maximize the quality and value of health care for patients who suffer from hernia disease and diseases of the abdominal wall or abdominal core



 SCAN ME

ACHQC PROVIDES:

Unrivaled Collaboration
Across All Stakeholders

Ongoing Quality
Improvement Programs

Patient-Focused, Data Driven
Strategies to Improve Outcomes

Public, Accessible, Engaging
Educational Materials

Embedded Real-World
Research

Annual Quality
Improvement Summit

2021 BOARD OF DIRECTORS



Michael Rosen, MD
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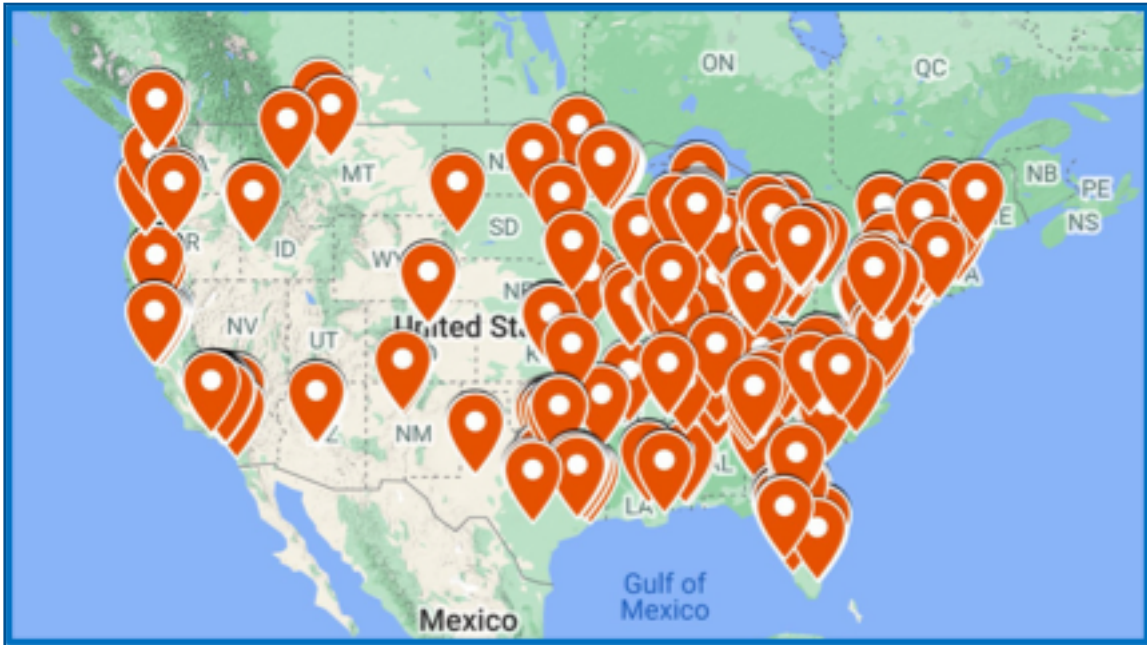
COMMITTEES & TASK FORCES

COMMITTEE/ TASK FORCE	CHAIR(S)	MISSION
Compliance	Nicole Goddard	To ensure collaborative operations meet regulatory, legal, and current operational standards
Data Assurance	Benjamin Poulouse, MD, MPH	To assure completeness and accuracy of collaborative data
Data Integration	Clayton Petro, MD Jeremy Warren, MD	Improve usability and ROI for surgeons entering data into the QC
Data Use & Publications	Corey Deeken, PhD	To ensure fair and equitable access to collaborative data
Membership Inclusivity Surgeon Outreach	Todd Harris, MD David Krpata, MD	Develop resources and programs to encourage and support diversity and inclusivity within the QC. Continually touch-base with surgeons in the QC to assure we are meeting their needs
Opioid Task Force	Michael Reinhorn, MD, MBA	Impact the opioid epidemic by reducing opioid prescribing and consumption. Partner with patients to set realistic expectations about postoperative pain and pain management
Patient Engagement & Advocacy	Harriet Schwartzman Eric Beauford	Identify key areas to improve patient outcomes and increase patient education
Quality Improvement	Ragnar Peterson, MD	Provide comprehensive, real-time ongoing assessment of improving quality within the QC. Identify annual Quality Improvement efforts to disseminate to the QC
Research	Richard Pierce, MD, PhD	Oversees and sets the agenda for Embedded Registry Studies and/or Multi-Center Prospective Studies
Residents & Fellows	Kaela Parnell, MD	Enhance resident and fellow participation in the QC. Allow easy transition from residency/fellowship to attending and engagement in the QC
Variables & Definitions	Eric Pauli, MD Ajita Prabhu, MD	To maintain and update surgeon and patient user interfaces and variable definitions

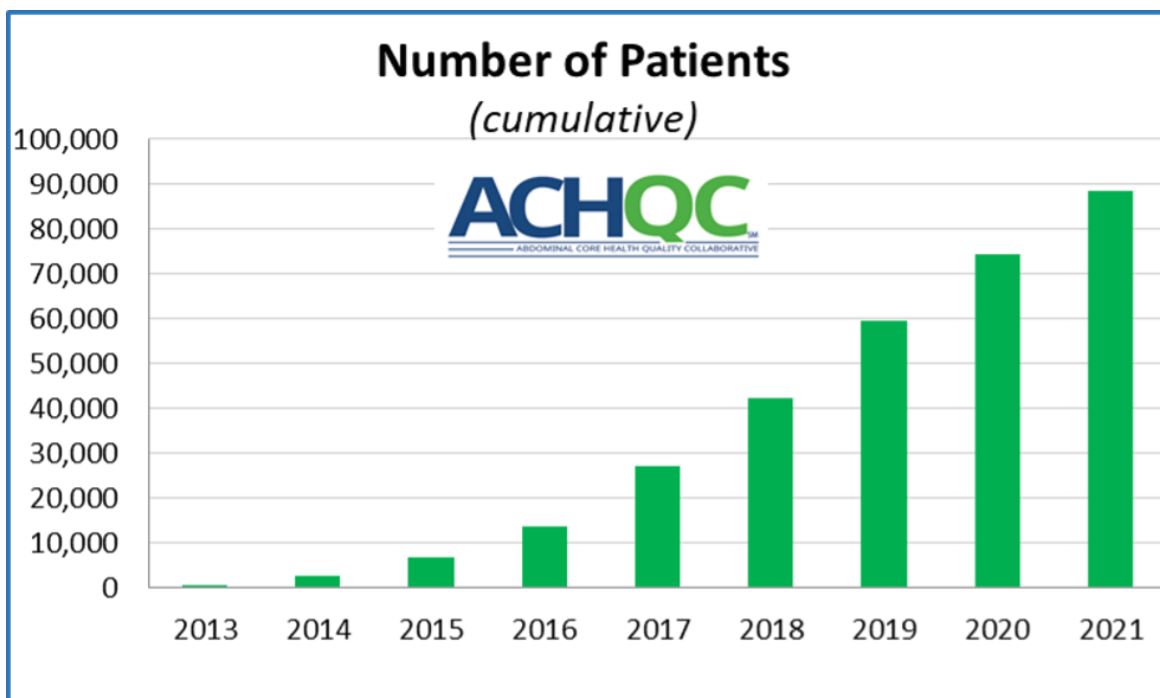


2021 GROWTH

The ACHQC continues to grow, now including over 460 surgeons operating in 45 states across the country. With approximately 50% academic and 50% private practice/community-based surgeons participating, the ACHQC is representative of the real world of hernia surgery.



By the close of the year the ACHQC registry surpassed 89,500 patients, with over 16,000 entered in 2021. Clinical and patient reported outcomes data collected preoperatively and at various post-operative timeframes, are routinely entered into the ACHQC registry and are available for in-depth assessment as we seek to answer key clinical questions and improve the patient experience.



ENGAGEMENT

STAYING CONNECTED DURING A PANDEMIC

As we remained socially distant throughout the year, the ACHQC designed enhanced communications pieces and produced innovative virtual programming to keep our Collaborative connected and engaged.



QC VISION

Our communications team launched QC Vision, a new quarterly newsletter to share important ACHQC announcements, registry updates, user resources and special event details.



SPOTLIGHT

3RD ANNUAL QI SUMMIT GOES VIRTUAL

The ACHQC Quality Improvement Summit is a different kind of meeting centered around collaborative engagement through sharing high-quality information and tips and tricks to enhance the practice of abdominal core health. This collaborative approach to quality improvement can transform healthcare in a very real way.

QI Summit attendees have an opportunity to network and learn from thought leaders and high performing academic and private practice surgeons within the ACHQC.

Due to the travel restrictions faced in 2021, the ACHQC shifted the QI Summit to a virtual format. The program was reimaged to better fit the virtual environment while still delivering an engaging, interactive meeting. An upside of going virtual was the ability to offer this exceptional experience free of charge to over 200 registrants who chatted with peers and took away lessons to improve the quality and value of care for their patients.



2021 QUALITY IMPROVEMENT SUMMIT SESSIONS INCLUDED:

- Insights from Our Members: Strategies to Optimize Data Entry and What We Can Learn from Our High Performers
- Data Driven Insights for Optimizing Outcomes and Approaches Featuring Tips from High Performers: Inguinal Hernia
- Data Driven Insights for Optimizing Outcomes and Approaches Featuring Tips from High Performers: Ventral Hernia

Attendee Reviews:

74% of respondents to a post-event survey felt they would change their practice to enhance patient management and create/revise their protocols for patient care as a result of attending the 2021 Quality Improvement Summit

"The engagement was good despite this being a virtual format."

"Kept my attention for 5 hours. Very little can. Really enjoyed the meeting. Excellent moderators."

"Given the shortened summit I thought it was excellent! Very high yield and great use of time!"

THANK YOU

- PATIENTS
- SURGEONS
- ABSTRACTORS
- FOUNDATION PARTNERS
- FDA COLLEAGUES
- ADMINISTRATION TEAM



QC CORE INSIGHTS

ACHCQ launched [QC Core Insights](#) in the 4th quarter of 2020 and continued the program throughout 2021. [QC Core Insights](#) features talks on Hot Topics in abdominal core surgery and review of recent publications, ACHQC quality initiatives and data analyses.

[QC Core Insights](#) are “open access” programs that are offered free of charge. We welcome all who are interested in abdominal core health and hernia patient care to join us each month as we explore hot topics and review recent research and quality initiatives.

Sessions are recorded and are available on our [website](#) for on-demand viewing.

2021 QC CORE INSIGHTS MONTHLY WEBINARS

[*Recordings available on our website*](#)

Month	Topic
January	Opioids: Using ACHQC Data to Combat the Epidemic
February	To Fixate or Not to Fixate: Mesh Fixation vs No Mesh Fixation in Retro-Muscular Ventral Hernia Repair
March	3 RD Annual QI Summit
April	Part 1: Quality Improvement Optimization: ACHQC Real World Data Analysis
May	Part 2: Quality Improvement Optimization: ACHQC Real World Data Analysis
June	Enhancing Outcomes: The Patient Perspective
July	Post Market Surveillance and the Power of the ACHQC
August	Core Health Spotlight: Pain Management Strategies
September	Prophylactic Mesh
October	Core Rehabilitation & ACHQC Rehab Protocol
November	How I Do It: Robotic Technique Talk
December	Update on Embedded Registry Studies

SPOTLIGHT ACHQC PATIENT ENGAGEMENT & ADVOCACY COMMITTEE IN ACTION

With patients at the core of the ACHQC's mission, we continually strive to understand and improve their experiences – before, during, and after surgery.

Critically important to this endeavor is the ACHQC's Patient Engagement and Advocacy Committee. Established in late 2020, this highly motivated Committee is comprised of 6 patients and 3 surgeons who bring a range of experiences and unique perspectives to the forefront.



Fundamentally, patients who are engaged and educated ultimately become more informed decision makers. Through engagement, the Committee identifies needs and develops educational tools and programs that reflect the patient perspective.

As part of our QC Core Insights series, our Patient Engagement and Advocacy Committee presented a featured program, "Enhancing Outcomes: The Patient Perspective," filled with insightful and lively discussions on "Expectations vs. Reality" and "What Patients Need and Want to Know Before their Procedure."

Our patient-centric outreach efforts continued throughout the year. Two of our Committee members shared their stories in "Talking with Your Patients About Hernia Mesh," a featured article the recent General Surgery News Hernia Focus edition.

Through the continuing efforts of this Committee, the ACHQC hopes patients will feel more empowered to dialog with their care providers and take a more active role in the management of their individual care plan.

RESEARCH



DATA LINKAGE

The ACHQC has made concerted efforts to increase our ability to obtain long-term follow-up on our patients' well-being through direct patient outreach. Additionally, our analytic team has created algorithms to link our ACHQC data with large national administrative data sets, greatly increasing our ability to access long-term outcomes.

Currently ACHQC is able to link our data with data sources including the Centers for Medicare & Medicaid Services (CMS), the National Center for Health Statistics (NCHS) and the Economic Innovation Group (EIG). Through a license with EIG, in 2021 we integrated the Distressed Communities Index (DCI) within our Registry. As a result, in-depth outcomes analyses based on metrics sensitive to socioeconomic status and health care availability are possible. We can identify gaps and understand potential outcomes disparities and uncover opportunities for improvement in how we provide care to underserved patients at the community level.



ACHQC RESIDENT/FELLOW RESEARCH

Congratulations to [Colin DeLong, MD](#), the 2021 recipient of ACHQC's Resident & Fellow Research Grant for his research: "[Does Geographic Location of Hernia Patients Influence Access, Disparities, and Patient-Provider Communication in Current Hernia Care? An Abdominal Core Health Quality Collaborative \(ACHQC\) Analysis.](#)"

Dr. DeLong will present his work during the 2022 ACHQC Quality Improvement Summit.

REAL-WORLD REGISTRY STUDIES

The ACHQC Registry is regarded worldwide as a trusted source of comprehensive, clinically relevant data. As a high functioning organization collecting high value data routinely, the ACHQC can embed research within our Registry – allowing for streamlined, efficient studies designed to answer important clinical questions faced by hernia surgeons. In 2021, analyses of the data from several of these studies were peer-reviewed and published in high impact journals.

Currently there are 77 peer reviewed manuscripts utilizing ACHQC data published, including 17 published in 2021.

Rigorous analysis and review of ACHQC data are encouraged and sustained through the ACHQC Data Analytics group comprised of senior level academic biostatisticians. ACHQC participants may request access to ACHQC data sets for quality improvement or research purposes. Data requests are reviewed by the Data Use and Publications Committee and once approved, they are completed in collaboration with our senior biostatisticians. ACHQC offers access to analytic services free of charge to all participating surgeons in Good Standing.



An evidence-based coding update, published this year in the journal [Hernia](#), represents an innovation in coding by utilizing real-world data to justify the updates. The ACHQC hopes this document can clarify current ambiguities in AWR coding and can be used as a resource by coding professionals, surgeons, hospitals, and professional societies.

PEER REVIEWED PUBLICATIONS

1. [The Effect of Tack Fixation Methods on Outcomes in Laparoscopic Ventral Hernia Repair](#). Smith AM, Faulkner JD, Chase N, Eckhauser FE, Hope WW. J Laparoendosc Adv Surg Tech A. 2021 Jul;31(7):779-782. doi: 10.1089/lap.2020.0661. Epub 2020 Nov 4.
2. [Management of ventral hernia defect during enterocutaneous fistula takedown: practice patterns and short-term outcomes from the Abdominal Core Health Quality Collaborative](#). Fafaj A, Tastaldi L, Alkhatib H, Zolin SJ, Rosenblatt S, Huang LC, Phillips S, Krpata DM, Prabhu AS, Petro CC, Rosen MJ. Hernia. 2021 Aug;25(4):1013-1020. doi: 10.1007/s10029-020-02347-8. Epub 2021 Jan 2.
3. [Comparing the outcomes of external oblique and transversus abdominus release using the AHSQC database](#). Bilezikian JA, Tenzel PL, Faulkner JD, Bilezikian MJ, Powers WF, Hope WW. Hernia. 2021 Apr;25(2):365-373. doi: 10.1007/s10029-020-02310-7. Epub 2021 Jan 4.
4. [Surgical management of infected abdominal wall mesh: an analysis using the American Hernia Society Quality Collaborative](#). C L Devin, M A Olson, L Tastaldi, R Zheng, A C Berger, F Palazzo. Hernia. 2021 Jan 5. doi: 10.1007/s10029-020-02355-8. [Epub ahead of print].
5. [Risk Factors for Surgical Site Occurrence or Infection and Recurrence After Incisional Hernia Repair in Abdominal Transplant Population](#). Cheema F, Andacoglu O, Huang LC, Phillips SE, Malcher F. Transplant Proc. 2021 Mar;53(2):762-767. doi: 10.1016/j.transproceed.2021.01.014. Epub 2021 Feb 4.
6. [Understanding the benefits of botulinum toxin A: retrospective analysis of the Abdominal Core Health Quality Collaborative](#). Horne CM, Augenstein V, Malcher F, Yunis J, Huang LC, Zolin SJ, Fafaj A, Thomas JD, Krpata DM, Petro CC, Rosen MJ, Prabhu AS. Br J Surg. 2021 Mar 12;108(2):112-114. doi: 10.1093/bjs/znaa050.
7. [Length of stay and surgical site complications are not increased after elective incisional hernia in patients with a history of solid organ transplantation](#). Woelfel I, Gupta A, Renshaw S, Poulouse B. Surg Endosc. 2021 Mar 31. doi: 10.1007/s00464-021-08458-2. [Epub ahead of print].
8. [Elective ventral hernia repair provides significant abdominal wall quality of life improvements in older patients](#). Collins CE, Renshaw S, Gupta A, Santry H, Poulouse BK. Surg Endosc. 2021 Apr 8. doi: 10.1007/s00464-021-08475-1. [Epub ahead of print].
9. [Impact of implementing structured note templates on data capture for hernia surgery](#). Vetter CD, Kim JH. Health Inf Manag. 2021 Apr 12;18333583211001584. doi: 10.1177/18333583211001584. [Epub ahead of print].
10. [Preoperative exercise and outcomes after ventral hernia repair: Making the case for prehabilitation in ventral hernia patients](#). Renshaw S, Poulouse B, Gupta A, Stasi S, Chaudhari A, Collins C. Surgery. 2021 Aug;170(2):516-524. doi: 10.1016/j.surg.2021.03.006. Epub 2021 Apr 20.
11. [Establishing the minimal clinically important difference for the Hernia-Related Quality of Life Survey \(HerQLes\)](#). Savannah M Renshaw, Anand Gupta, Benjamin K Poulouse. Am J Surg. 2021 Jul 2. doi: 10.1016/j.amjsurg.2021.06.018. [Epub ahead of print].
12. [Outcomes of redo-transversus abdominis release for abdominal wall reconstruction](#). Montelione KC, Zolin SJ, Fafaj A, Thomas JD, Horne CM, Baier K, Perlmutter BC, Rosenblatt S, Krpata DM, Prabhu AS, Petro CC, Rosen MJ. Hernia. 2021 Jul 21. doi: 10.1007/s10029-021-02457-x. [Epub ahead of print].
13. [Greatest Quality of Life Improvement in Patients With Large Ventral Hernias: An Individual Assessment of Items in the HerQLes Survey](#). Kelly R Haisley, Chaitanya Vadlamudi, Anand Gupta, Courtney E Collins, Savannah M Renshaw, Benjamin K Poulouse. J Surg Res. 2021 Aug 13. doi: 10.1016/j.jss.2021.06.075. [Epub ahead of print].

PEER REVIEWED PUBLICATIONS, CONT.

14. [Utilization of a National Registry to influence opioid prescribing behavior after hernia repair.](#) Reinhorn M, Dews T, Warren J A, Abdominal Core Health Quality Collaborative Opioid Task Force. *Hernia*. 2021 Sep 4. doi: 10.1007/s10029-021-02495-5. [Epub ahead of print].
15. [Effect of Hernia Mesh Weights on Postoperative Patient-Related and Clinical Outcomes After Open Ventral Hernia Repair: A Randomized Clinical Trial.](#) Krpata D, Petro C, MD, Prabhu A, Tastaldi L, Zolin S, Fafaj A, Rosenblatt S, Poulouse B, Pierce R, Warren J, Carbonell A, Goldblatt M, Stewart T, Olson M, Rosen M. *JAMA Surg*. 2021 Sep 15. doi:10.1001/jamasurg.2021.4309. [Epub ahead of print].
16. [A National Evaluation of Surgeon Experiences in Telemedicine for the Care of Hernia and Abdominal Core Health Patients.](#) Vahagn C. Nikolian, Mudassir Akhter, Emaad J. Iqbal, Thomas Sutton, Ashraf Samhan, Sean B. Orenstein, Michael J. Rosen, Benjamin K. Poulouse. *World J Surg*. 2021 Sep 11. doi: 10.1007/s00268-021-06332-9. Epub 2021 Oct 3.
17. [A pragmatic, evidence-based approach to coding for abdominal wall reconstruction. Abdominal Core Health Quality Collaborative.](#) B. K. Poulouse, L.-C. Huang, S. Phillips, J. Greenberg, W. Hope, R. Janczyk, F. Malcher, A. Perez, R. A. Petersen, A. Prabhu, M. Reinhorn, J. A. Warren, N. White, M. J. Rosen. *Hernia*. doi: 10.1007/s10029-021-02458-w. Epub 2021 Oct 30.

World J Surg (2022) 46:76–83
<https://doi.org/10.1007/s00268-021-06332-9>

World Journal
of Surgery



ORIGINAL SCIENTIFIC REPORT

A National Evaluation of Surgeon Experiences in Telemedicine for the Care of Hernia and Abdominal Core Health Patients

Vahagn C. Nikolian¹ · Mudassir Akhter¹ · Emaad J. Iqbal² · Thomas Sutton¹ · Ashraf Samhan¹ · Sean B. Orenstein¹ · Michael J. Rosen³ · Benjamin K. Poulouse⁴

FOUNDATION PARTNERS

ACHQC welcomes interested individuals, corporations, foundations and hospital organizations involved in the management of hernia disease and abdominal core health to partner with us. Through Foundation Partner support and collaboration, the ACHQC can continue to offer access to the ACHQC registry to abdominal core health care teams and deliver high caliber data-driven programs and quality improvement initiatives free of charge.

ACHQC thanks our generous 2021 Foundation Partners for their ongoing commitment to improving the experiences of our patients and those who provide their care.

THANK YOU! 2021 ACHQC FOUNDATION PARTNERS

PLATINUM LEVEL



Medtronic
Further. Together

GOLD LEVEL



SILVER LEVEL

