Welcome!

ACHQQC 2022 Annual QI Summit

Data Driven Collaboration to Improve Core Health
We are back!!!!!!

• My Goals
  • This is **YOUR** data, challenge yourself to change your practice, ask questions, push us!

• When you leave, ask yourself what are 3 changes to my practice I can implement on Monday?

• Have fun, engage with your peers, and other members of our collaborative
Thank You!

2021 ACHQC Foundation Partners

PLATINUM

GOLD

SILVER

Medtronic

Further. Together

ACHQC

BD

BARD

Allergan

ETHICON

GORE

TELABIO®

SCIENCE. VALUE. INNOVATION.

© Abdominal Core Health Quality Collaborative Foundation. All rights reserved.
What’s new at the QC?

• ACHQC Update
• Key Initiatives
• Future Development
OUR 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
2021 Board

Michael Rosen, MD
President

Benjamin Poulouse, MD, MPH
Vice President

Jeremy Warren, MD
Treasurer

Randy Janczyk, MD
Secretary

Jake Greenberg, MD, EdM

Flavio Malcher, MD

Ajita Prabhu, MD

William Hope, MD

Rebecca Petersen, MD

Arielle Perez, MD, MPH, MS

Michael Reinhorn, MD, MBA

Nicole White, MD

© Abdominal Core Health Quality Collaborative Foundation. All rights reserved.
ACHQC Milestones
Participants  460 surgeons
92,463 Enrolled Patients

Number of Patients (cumulative)

Cumulative Patients by Hernia Type

Inguinal 28%
Ventral 72%

© Abdominal Core Health Quality Collaborative Foundation. All rights reserved.
Key Initiatives

• Research and Analytics

• Regulatory Opportunities

• Communication and Engagement
Analytic Team

- Molly Olson-LaBelle, MS
- Sharon Phillips, MSPS
- Jianing Ma, MS
- Tom Stewart, PhD
- Li-Ching Huang, PhD
- Robert Tamer, MS
Analytic Team Productivity (Annual Projects)
Impact

• Total Peer-Reviewed Publications: 78
• 21 in 2021
RWD to Support AWR Coding Clarification

A pragmatic, evidence-based approach to coding for abdominal wall reconstruction

Abdominal Core Health Quality Collaborative

Received: 16 May 2021 / Accepted: 12 July 2021
© The Author(s) 2021

Embedded Registry Studies

• Utilizes the power and efficiency of existing data structure and infrastructure

• Can identify high accrual sites with populations of interest

• Opportunity to match controls with historic data

• Goal is to decrease accrual time and cost

• Randomized >2,000 patients for various studies
### Impact of QC on Federal Funding for Hernia

<table>
<thead>
<tr>
<th>Grant Number</th>
<th>Agency</th>
<th>Project Title</th>
<th>PI(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R01EB025247</td>
<td>NIBIB</td>
<td>Development and Validation of a Virtual Laparoscopic Hiatal Hernia Simulator (VLaHHS)</td>
<td>SANKARANARAYANAN, GANESH</td>
</tr>
<tr>
<td>7R01EB025247-03</td>
<td>NIBIB</td>
<td>Developing and Implementing Evidence-Based Hernia Care</td>
<td>TELEM, DANA ALEXA</td>
</tr>
<tr>
<td>5K08HS025778-04</td>
<td>AHRQ</td>
<td>Quantifying the Metrics of Surgical Mastery: An Exploration in Data Science</td>
<td>PUGH, CARLA M</td>
</tr>
<tr>
<td>5R01DK123445-02</td>
<td>NIDDK</td>
<td>Video-based Collaborative Learning to Improve Ventral Hernia Repair</td>
<td>GREENBERG, CAPRICE CHRISTIAN</td>
</tr>
<tr>
<td>7R01HS025989-04</td>
<td>AHRQ</td>
<td>Genetic Determinants of Outcomes in Diverticular Disease</td>
<td>MAGUIRE, LILLIAS HOLMES</td>
</tr>
<tr>
<td>5K08DK124687-02</td>
<td>NIDDK</td>
<td>GEMSSTAR</td>
<td>CHAUDHARI, POULOSE, DISTASI</td>
</tr>
<tr>
<td>R01DK131207</td>
<td>NIDDK</td>
<td>ABVENTURE-P</td>
<td>COLLINS</td>
</tr>
<tr>
<td>1R03AG074072-01</td>
<td>NIDDK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

43% of federal grants in hernia made possible because of the ACHQC
Post-market Surveillance

- Surveillance data on products captured in the ACHQC
  - Meshes
  - Fixation devices
  - Adhesives
  - Botox
  - Barbed suture
  - Wound closure (negative pressure dressing, infection prophylaxis)
Identifying Underserved Populations

- Enhanced Data Linkages Sensitive to Socioeconomic Status & Health Care Availability

- National Centers for Health Statistics Urban-Rural Classification Code (https://www.cdc.gov/nchs/data_access/urban_rural.htm)

- Distressed Communities Index (https://eig.org/dci)

- Allows for ability to identify gaps and opportunities for improvement at the community level
Communication & Engagement
ACHQC Committees

• Membership & Surgeon Outreach – T. Harris & D. Krpata
• Quality Improvement – R. Peterson
• Patient Engagement & Advocacy - H. Schwartzman & E. Beauford
• Data Integration – J. Warren & C. Petro
• Research – R. Pierce
• Residents/Fellows – Kaela Parnell
GENERAL SURGERY NEWS
EXTENDED HERNIA COVERAGE 2021
August 2021

AHS Presidential Address
It’s Just a Hernia, Until It’s Not
By DAVID CHEN, MD

My surgeon friend asked me today if I preferred a day of straightforward inguinal hernia repairs or a day of dealing with challenging disaster cases. I quickly responded that complicated patients are intrinsically easier because the expectation levels all around are much more forgiving. An inguinal hernia repair is like a cholecystec- tomy—anything less than perfect is deemed a failure. That, and anatomy and probability dictate that if you operate enough, perfection is impossible.

In the course of a year, I see approximately 250 patients who come to the Lichtenstein Amed Hernia Clinic at UCLA with complications of inguinal hernia repair—neurogenic pain, mesh pain, recurrence, fistula, infection. Invariably, one of the main questions asked is “Was anything done wrong?” This undercurrent has become more prevalent in this climate of mesh free. While I have read thousands of operative reports and can predict suboptimal operative factors, I always remind patients that 1) surgeons operate with the intention of helping patients; 2) the patient before you and after you who had the same operation are likely doing fine; and 3) complications happen to every surgeon.

What does surgical “science” tell us about optimal tech- nique in inguinal hernia repair? Recurrence rates in the mesh era have dropped into the 2% to 3% range. Chronic pain rates, realistically, are over 9%, affecting patients’ quality of life. Minimally invasive laparoscopic and robotic techniques have matured to provide excellent outcomes with benefits of early recovery and lower rates of chronic pain. However, there

Talking With Your Patients About Hernia Mesh

By VICTORIA STERN

In 2013, Susan Eller felt a sudden pain in her groin. After months of physical exams and an exploratory procedure provided no answers, she finally identified the source: a femoral hernia.

That May, Eller had her hernia repaired with polypropylene mesh. Her general surgeon said she’d be back on the tennis court in a few weeks.

But instead, Eller’s groin pain intensified after her surgery.

Over the next two years, she had a triple neurontin, mesh removed and two tissue repairs after her hernia recurred. By 2015, still suffering from chronic pain, she needed an extensive abdominal wall reconstruction and had a large piece of polypropylene mesh placed across her midsection.

That, Eller said, is when her problems became systemic. In addition to debilitating pain, she developed an itchy rash, irritable bowel syndrome and nausea. Over several months, she lost 40 pounds.

In 2017, Eller flew to Los Angeles to see a hernia specialist with particular expertise in the female anatomy.

continued on page 11

© Abdominal Core Health Quality Collaborative Foundation. All rights reserved.
QC Core Insights

• Monthly Reviews of Hot Topics in Abdominal Core Surgery
• Free & Open to All
• Recordings available for “On-Demand” viewing
  https://www.achqc.org/meetings/qc-core-insights
QC Core Insights – Recent Programs

❖ Monday October 11, 2021 8pm ET “Core Rehabilitation & ACHQC Rehab Protocol”

❖ Monday November 8, 2021 8pm ET: “How I Do It: Robotic Techniques”

❖ Monday December 13, 2021 8pm ET: “Update on Embedded Registry Studies”

❖ Upcoming: 2022 Resident and Fellow Engagement Hernia School Monthly Segments

❖ Available for On Demand viewing: https://www.achqc.org/meetings/qc-core-insights
New in 2021
New: Hiatal Hernia Module

Hiatal Hernia Module Taskforce

- Michael Rosen
- Clayton Petro
- Rebecca Peterson
- Nicole White
- Brian Hodges
- Ajita Prabhu
New: Prophylactic Mesh

- Ability to track prophylactic mesh placement outcomes
- Released: December 2021
Let’s Go!!!!!!!!!!!!!!