

CABG Star Rating Coming to the Web Soon

BY MITCHEL L. ZOLER

FORT LAUDERDALE, FLA. — Later this year, coronary bypass patients will start steering their surgeon choices by the stars. A one- to three-star rating system for cardiac surgeons developed by the Society for Thoracic Surgeons will appear on a Consumer Reports Web site, probably beginning in June.

In a bold step toward getting outcomes-based rankings of surgeons out to the public in a user-friendly format, the society teamed with the Consumers Union, publisher of Consumer Reports, to disseminate rankings of U.S. programs offering coronary artery bypass grafting (CABG). The ranking data come from the Society of Thoracic Surgeons' (STS) Adult Cardiac Surgery Database, which currently gathers surgery and outcomes data from about 90% of practicing U.S. cardiac surgeons. The ranking will post at www.consumerreports.org/health.

The STS leadership is soliciting formal consent from each of its practicing U.S. members; the process requires a physi-

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cian's consent to place ratings for the practice on the site. The STS leadership first introduced the concept to its members last September, and since then has steadily promoted the idea. As of late January, almost 100 practices had signed releases, nearly 10% of the roughly 1,000 U.S. cardiac surgery practices that perform CABG. The Society's immediate goal is to have at least 300 consents on file by mid-March to ensure a robust start. Once that foundation exists, additional participation will likely follow, said Dr. Frederick L. Grover, chairman of the STS' council on quality, research, and patient safety and a recent former president of the group.

Each participating practice will receive star ratings in five categories: overall bypass surgery performance, patient survival, avoidance of complications, the extent to which the CABG program follows recommended surgical practice, and the extent of following recommended medications. Performance of each practice in these categories undergoes risk adjustment and assessment as a ratio of observed relative to expected performance.

Performance is then ranked relative to all other practices. Grading will be scaled so that most practices fall into the mid-range and receive two stars, while high-level performers will get three stars and the bottom tier receive one star, said Dr. Grover, professor and chairman of surgery at the University of Colorado, Denver.

The STS began contemplating public release of its data this way about a year ago, and contacted Consumers Union to flesh out a strategy. The effort shifted into a higher gear last summer when the STS leadership heard from other consumer groups that were planning their own release of CABG outcomes ratings based on administrative claims data, a source the STS considers much less reliable than its own database. Those con-

tacts prompted the Society to speed up development and the timing of the roll-out of the project, Dr. Grover said in an interview.

In addition to giving the public information it likely wants, a second goal is to further spur surgeons who lag behind the field to improve. "If a program is at one star, hopefully it won't be for more than 1 year. The whole idea is to raise the bar for everyone," he said.

"We think it's in the best interests of patients and our members," Dr. Grover added. "It has risk, no doubt about it. Our members are obviously taking chances" by having the relative performance of their surgical practice and outcomes so openly displayed. "It will be interesting to see if it changes referral patterns." The Society's bottom line is "the public has the right to know how we're doing," Dr. Grover said. ■



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ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis.

ONGLYZA has not been studied in combination with insulin.

Important Safety Information

- **Use with Medications Known to Cause Hypoglycemia:** Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA
- **Macrovascular Outcomes:** There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug

Most common adverse reactions (regardless of investigator assessment of causality) reported in $\geq 5\%$ of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%). When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively.