

Senate Committee Wants Action on Concurrent Surgeries



The U.S. healthcare sector is urged to address two major concerns related to the practice of overlapping surgeries: patient safety and improper payments.

Following its investigation into the practice, the [Senate Finance Committee](#) has released a report acknowledging that "evidence on the practice — safe or otherwise — of concurrent or overlapping surgeries is lacking." Moreover, the report calls for "additional measures" to tackle issues on patient safety and improper payments by the Centers for Medicare & Medicaid Services.

"Absence of data does not mean that there is no risk," the report notes.

The American College of Surgeons (ACS) updated its guidance on concurrent surgeries last spring after the Boston Globe carried an in-depth report on the practice at Massachusetts General Hospital. The Globe's report rendered the Senate Finance Committee "alarmed by the allegations of patient harm, surgeon misconduct, and inappropriate billing." This prompted the Committee to conduct an investigation into the practice.

See Also: [Well-known Hospitals Fail in New Medicare Ratings](#)

The Committee reviewed conformity with ACS guidance along six dimensions:

- Defining "concurrent" and "overlapping" surgeries
- Defining the "critical portions" of an overlapping surgery
- Disclosing information to patients
- Defining what it meant for a surgeon to be "immediately available"
- Arranging for a back-up surgeon
- Ensuring compliance with new policies

While 17 of the 20 hospitals in the Senate inquiry modified or created policies to measure up to new [ACS](#) standards, the policies of three healthcare systems were not complete in time for inclusion in the report.

"The Committee staff commends the efforts that some hospitals and surgeons have taken in a relatively short timeframe to address many of the concerns surrounding concurrent and overlapping surgeries," the report stated.

However, given the small sample size and ongoing concerns about patient safety and improper payments from CMS, the Committee report recommends that CMS should raise its policy standards for concurrent surgeries to the level of the ACS' current guidelines and encourages

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accrediting bodies to do the same.

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