ACGME Accreditation and National Health Care Reform

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Our adult reconstruction fellowship program in orthopedic surgery at Beth Israel Medical Center recently completed preparation for its site visit by a field representative of the Residency Review Committee (RRC) as part of the 5-year cycle review by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME was formally established in 1981, following nearly 40 years of collaboration among the 5 organizations involved in the practice of medicine and medical education: the American Medical Association, the American Board of Medical Specialties, the American Hospital Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. While the preparation for this site visit is quite rigorous (some might say onerous), I believe the process is necessary and provides an essential forum for assessing and ensuring the quality of graduate medical education.

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During my own preparations for the site visit, I reviewed the mission statement of the ACGME, which is "to improve health care by assessing and advancing the quality of resident physicians' education through exemplary accreditation." After reading this statement and reflecting upon our own process of preparation, it occurred to me that the US Government would have benefited from a similar exercise in assessing and ensuring the quality of our health care system. In fact, such an exercise was sorely lacking in the recent debate on health care reform.

The RRC requires that each program under review provide routine demographics (including number of fellows, number of faculty, weekly schedules, institutional resources, and funding sources) and a clear and concise statement defining its educational goals (ie, the skills and competencies expected of its graduates). Finally, the program must develop specific tools to measure the fellows' compliance with these skills and competencies in order to demonstrate that the goals of the program had, indeed, been achieved. This process, although comprehensive and extremely time consuming, ultimately improves the quality of the program, as it forces both faculty and residents/fellows to address and ultimately embrace the program's educational goals.

So, how does preparation for the RRC site visit relate to health care reform?

Clearly, there were important achievements in the recent health care legislation—such as expanding insurance coverage to the millions of Americans currently uninsured and eliminating the illogical loophole of denying coverage for "pre-existing conditions." However, the recent overhaul of our system was more about insurance reform than health care reform, more a debate about eligibility and funding sources than a true discourse about our national health care goals, how we can achieve those goals, and details on how to measure and document that those goals are achieved.

An RRC-type review of our entire health care system would proceed along the following lines. First, list the "demographics:" who is covered, who provides the care, and who funds the care (institutional resources). Second, provide a clear and concise statement of our national health care goals: highest quality of care for all citizens? Then would come the hard part: developing the specific "tools" to achieve our health care goals. Such tools might include disease-specific treatment guidelines (a favorite topic of mine), which would be based on the best and most current evidence-based data and would help practitioners recommend the most beneficial treatment for their patients. The result: avoidance of unnecessary and ineffective care. Another tool might be a closer examination and adoption of the practices that current, proven high-quality health care systems (ones that provide high-quality and lower-cost care) implement. Just what is so special

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about the way the Mayo Clinic, the Geisinger Health System in Pennsylvania, and Intermountain Healthcare in Utah and Idaho provide care?

Finally, the RRC-type review would require documentation that we have achieved our health care goals. This final step only could be achieved by taking the enormous effort to review our outcomes of care. Only through a rigorous process of reporting outcomes can we learn which treatments are safe and effective, and thus need to be continued, and which ones clearly offer no benefit to patients, and thus need to be eliminated. Outcomes reporting is really the only way to identify and eliminate what some experts believe is the 30% wasted care in our current system.

We should impose the same rigor and comprehensive evaluation of the US health care system as the RRC demands of our orthopedic educational programs. While such a process is daunting, time consuming, and costly, the benefits to our overall health care system would be enormous and undeniable. Such an exercise would then enable a real discussion on true health care reform as opposed to the discussion merely on insurance reform offered by the current legislation. ■