California Hospitals Cancer Surgery Volume Data

Talking Points
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The California HealthCare Foundation (CHCF) has released a new round of data on cancer surgery volumes for hospitals across the state. The data, which cover Q4 2014- Q3 2015, continue to show that a large number of California hospitals perform low volumes of surgeries for particular cancers. Numerous peer-reviewed medical literature have shown a significant relationship between the volume of some surgeries performed by hospitals and patient outcomes.

- California hospitals provide vital medical care to more than 175,000 new cancer patients every year. The diagnosis of cancer is a life-altering event that often requires surgical procedures along with chemotherapy, radiation and other forms of medical treatment.

- Patients battling cancer often prefer the convenience of having treatment near their home and family rather than being forced to travel a long distance to an unfamiliar or inconvenient community. There is strong medical research, however, linking low volumes of certain types of cancer surgeries with an increased risk of complications and mortality.

- A newly released report by CHCF reveals 241 of 344 California hospitals performed only one or two cancer operations per year for at least one of the 11 cancer types studied (esophagus, lung, pancreas, rectum, bladder, brain breast, colon liver prostate, stomach).

- This study focused on volume and did not attempt to identify an organization’s outcome or complication rates.

- According to the CHCF report, three-quarters of the patients who underwent surgery for one of the 11 types of cancer whose outcomes have been shown to be affected by volume could have had their procedure performed at a high-volume hospital within 50 miles of their home.

- Although there may be good rationale for some hospitals to allow low volumes of certain types of cancer surgeries to be performed in their facilities, medical evidence is clear that the more procedures physicians and other clinicians perform, the higher the likelihood of good patient outcomes.

- Sometimes, making timely referrals for uninsured and Medi-Cal patients can be difficult. Referral facilities had genuine capacity issues that prevented them from accepting referrals; however, in the case of Medi-Cal patients, administrative hassles, and in the
case of uninsured patients, lack of remuneration, presented barriers to finding appropriate timely care.

- Three nationally respected academic medical centers (Dartmouth-Hitchcock Medical Center, the Johns Hopkins Hospital and Health System and the University of Michigan Health System) and their medical staffs have jointly established a minimum annual volume threshold for four types of cancer surgeries — esophagus, lung, pancreas and rectum. Additionally, CHCF’s report identifies seven more types of cancer surgeries that may be affected by low volumes — bladder, brain, breast, colon, liver, prostrate and stomach procedures.

- The CHCF study is limited to inpatient cancer operations and did not capture outpatient operations or patients who were in a treated in a hospital but stayed less than 48 hours. In addition, the study does not provide volume numbers for individual surgeons, who may provide care at more than one facility.

- CHA and the Hospital Quality Institute have worked closely with CHCF and the study’s researchers in assessing the findings and disseminating information to our member organizations. CHA and hospitals appreciate CHCF’s support and work, and looks forward to future studies, analysis and collaboration on this topic.