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| <b>Title</b>     | <b>Regionalization of Surgical Services</b>   |
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| <b>Reference</b> | VA Technology Assessment Program Brief Overview, April, 2009.<br>www4.va.gov/VATAP/docs/RegionalizationSurgery2010tagm.pdf  |

## **Aim**

To review the structures, processes, and effects of model programs for rural surgery and procedural practice within the US and in healthcare systems of other developed nations.

## **Conclusions and results**

The review focused on the following questions:

- 1) What changes in surgical quality and access are attained by regionalization of services to high-volume providers?
- 2) What do we know about the etiology of the volume/experience effects?

Seventy-two relevant articles/citations were abstracted in the report's appendix. The literature supports a volume or experience effect for a wide range of complex surgical procedures. However, the trade-offs in access or patient satisfaction are unclear.

## **Recommendations**

Evidence is not available to make a recommendation on the regionalization of surgical services.

## **Methods**

MEDLINE via PubMed and Dialog, EMBASE, Cochrane, and the HTA databases of INAHTA were searched for articles published from 2000 to February, 2009. Specific search terms were surgical quality, rural surgery, access, regionalization, and hospital or procedure volume. All searches were limited to adult human patients and English language publications.

## **Further research/reviews required**

Additional research is needed to determine the factors responsible for the volume-outcome relationship and if those processes can be identified and employed in low-volume hospitals.