Vascular Center Verification and Quality Improvement

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Payment Reform Models

Increasing aggregation of services into a unit of payment

But......Who Defines Quality and Value?

- If we do not, someone will define it for us:
  - Governmental agencies
  - Insurance companies
  - Corporations using our services
  - Patient advocacy groups
  - Interest groups
  - ……..

How About a Vascular Continuous Quality Improvement Program?

- Over the years, SVS worked on this issue on multiple occasions, but has not been successful
- The obstacles were related to:
  - Cost
  - Who would administer the program
  - Where the program would be housed, SVS or another party
  - Working with other specialties that perform vascular interventions
  - Should we partner with another organization that has proven to be successful in such initiatives?

Verification Quality Programs of ACS

- Trauma Centers
- Burn Programs
- Bariatric Centers
- Breast Centers
- Cancer Programs
- Pediatric Surgery Programs
- Education Centers
- Quality standards

- Colorectal Surgery
- Rural Surgery
- Transplant Centers
- Orthopedic centers
- Thoracic
- Stroke Centers
- Heart Centers
- Hepato-biliary
- Vascular

Disclosures
NONE
The Underpinning of ACS Continuous Quality Improvement Programs

- Setting the standards based on published guidelines
- Building the right infrastructure based on the standards
- Using the right data collection by VQI or similar programs
- Verification with outside vascular experts

One possible Model of Vascular Surgery and EndoVascular Programs Can Be Based on Complexity

- Three levels of complexity (not only of the procedure itself but also of ancillary services needed for the complexity of each level), each will have a different infrastructure requirements:
  - Least complex (in-hospital, ASC, and OBL)
    - AV access, veins, Fem-Pop, Peripheral Endarterectomies, iliac and lower extremity interventions,....
  - Moderately complex
    - Least complex + Open AAA and EVAR, simple TEVAR, CEA, CAS, Aortic Branches open and endovascular
  - Most complex
    - Least and moderately complex + Para-visceral AAA, Thoracoabdominal, Aortic arch aneurysms (all open and endovascular)

How About Vascular Surgery and EndoVascular Verification Program Using ACS Experience?

- Recently, there have been few discussions between the leaderships of the College and the SVS regarding a collaborative effort in this area
- The College can offer:
  - The infrastructure and experience in establishing such programs
  - And, probably, defraying some of the cost
  - Helping in operationalizing the program if SVS chooses so
- The SVS can offer:
  - The knowledge
  - The political will to improve quality of vascular care
  - The long term commitment to Vascular Surgery, its members, and patients
  - Most importantly, we have VQI

Consideration for Other Functions Within a Center or Freestanding

- Such as:
  - Non-Invasive Vascular Laboratories
  - Wound and limb salvage centers
  - Freestanding vein centers
  - Freestanding AV access centers
  - Programs based on a single area (for example, aortic program)
  - ....

Certification Task Force Organizational Chart

The Process

1. The Writing Committee has already met in face to face meetings usually at O'Hare and put a grid together for various areas that relate to the infrastructure needed for:
   a. Human resources
   b. Space
   c. Equipment
   d. Other services
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2. Based on this grid we are in the process now of writing/refining standards related to all areas included in the vascular episode of care.

3. The standards:
   a. 93 standards, which we merged/revised into
   b. 44 standards, which we recently reviewed and we are further consolidating and refining

4. We have organized the standards into nine areas that represent various components of the episode of care:

I. CEO commitment
II. Program governance and scope
III. Facilities
IV. Services and personnel
V. Patient care
VI. Data
VII. Quality improvement
VIII. Research and clinical trials
IX. Education and community outreach
Refinement of Standards

1. CEO Commitment
   Standard 1.1: Facility Commitment
   Definition and Requirements: Provide a letter of commitment from facility leadership (e.g., CEO) demonstrating the commitment to the "Vascular Program", which includes:
   - A high-level description of the vascular program
   - The current and future financial investment in the Vascular Program
   - The organizational alignment of the Vascular Program
   - The organizational’s commitment to ongoing participation in the Vascular Verification and Quality Improvement Program
   Documentation:
   - Measure of Compliance:
   - Resources:
   - FME Questions:

3. We have had face to face meetings usually in O’Hare:
   a. 93 standards, which we merged/revised into
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4. We are organizing the standards into nine areas that represent various components of the episode of care

5. Putting together infrastructure requirements per complexity level and OBL

Infrastructure Requirements

a. The list of procedures with most common indications and the severity of such
b. Equipment, personnel/staff clinical and otherwise, space requirements.....
c. Any training and certification requirements for the interventionalists or staff
d. Patient’s characteristics that would stratify risk for various procedures
e. Any outcome measures that are available

3. The Process

4. We are organizing the standards into nine areas that represent various components of the episode of care

5. Putting together infrastructure requirements per complexity level and OBL

6. Beta testing the standards by site visits to a group of 6-10 programs of various levels of complexity

Including Other Stakeholders

- Because SVS intends to have this program become a national one, other specialty organizations are participating or being invited to participate
- OEIS has been participating since the initiation of the work on this program
- Very recently SVS issued invitations to many other specialty organizations whose members function in this space

A program to drive quality and value by helping the clinical team leader to leverage the infrastructure necessary in the institution, whether inpatient or outpatient, to perform various vascular procedures in an environment that is safe and conducive to excellent patient outcomes and experience
Conclusions

• Payment for physicians' services is moving from fee for service to payment for value (quality and efficiency) and we need to define value.

• Reforms need realistic input, which is best gotten from experts in the field; that’s us! So we need to be involved and participate in the process.

• We can do that as vascular specialties by establishing our own vascular quality program standards and verification process that would lead to certification.

• This is our opportunity to lead the process in providing high quality and efficient care for our patients and gain the governmental & public trust.