EVAR LONG TERM FOLLOW-UP
UF SURVEILLANCE PROTOCOL

Sal Scali, MD, FACS

SEVSG Fall Meeting
9/14/2018
Overview

- Background
- Challenges at UF
- Current Processes of Care
- Future Directions for EVAR LTFU National QI Initiative
Fundamental Principles of Aneurysm Care

- Asymptomatic AAA repair is a prophylactic procedure.
- EVAR = dominant form of repair (>70% in U.S.).
- LTFU is essential to determine success/durability.
- Many different methods for surveillance: CT, US, MR.

EVAR patient without imaging follow-up = Unrepaired AAA
Eligible Window for EVAR LTFU

Postoperative month

EVAR

Long-term follow-up interval

0 1 6 9 12 15 18 21
EVAR LTFU at UF: 2011-2016

The graph shows the LTFU rate for EVAR at the University of Florida (blue line) and all VQI Centers (red line) from 2004 to 2016. The rate fluctuates over the years, with a notable decline around 2008 and an increase around 2015.
EVAR LTFU at UF: Contact Method
EVAR LTFU CHALLENGES at UF

- Geographic isolation
- Itinerant patients ‘snow birds’
- Desire to follow-up with PCP/local referring provider
- Coordination of imaging
- Patient expectations/education
- Payer mix/Insurance status*
- Socioeconomic strata of patient*
EVAR LTFU at UF

Organizational Success Factors

• Dedicated VQI database manager (Yuming Lin, MSM, CLSS) and Clinical Program Coordinator (Athena Tingberg, MHA)
• Good relationships with physician private practices/referral network
• Physician leadership within group
• Physician ownership of LTFU
• Staff person responsible for LTFU (1 scheduler/2 surgeons)
• Patient education – early (pre-op) and often (pamphlets, website, internet tools)
• Communication of patient expectations (follow-up forever)
EVAR LTFU at UF

Processes that are in place to improve LTFU @ UF

• Established Protocol for LTFU/group consensus
• Morning sign-out
• Weekly surgeon-scheduler meeting to review outstanding issues
• Multiple reminders/communication channels (letters, phone, texts, patient portals)
• Same day imaging and follow-up visits preferred
• Automated tracking of missed visits
• Communication with multiple staff on LTFU status; monthly data runs
EVAR LTFU at UF: Payer Method

- Many patients have 2 insurance carriers (Medicare and ‘other’)
- Un-insured patient and/or unable to pay their portion
  - financial assistance based upon income level
  - family adjusted income < 200% federal poverty line = 100% charity coverage
- Self-pay discount = 45% off of UF Health Shands’ charges for uninsured patients who are not eligible for assistance
## EVAR LTFU at UF: FPL Calculation

**February 1, 2017**

Shands Financial Assistance Guidelines - 200% of the Federal Poverty Guideline

<table>
<thead>
<tr>
<th>FPG Federal Poverty Guidelines (January 74, 2017) 100%</th>
<th>Number of Persons in the Family Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPG Annual Income</td>
<td>200%</td>
</tr>
<tr>
<td>FPG Monthly Income</td>
<td>100%</td>
</tr>
</tbody>
</table>

133%

| FPG Annual Income | 180% | 16,039.80 | 21,590.40 | 27,140.00 | 32,689.60 | 38,249.20 | 43,808.80 | 49,368.40 | 54,928.00 | 60,487.60 | 66,047.20 |
| FPG Monthly Income | 133%  | 1,338.65  | 1,700.00  | 2,263.22  | 2,726.50  | 3,189.78  | 3,653.07  | 4,116.35  | 4,579.63  | 5,042.92  | 5,506.20  |

### Monthly Earnings

<table>
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<tr>
<th>FPG % Discount</th>
<th>Number of Persons in the Family Unit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<td>$8,280.00</td>
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### Annual Earnings

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<tbody>
<tr>
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<td>$99,360.00</td>
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</table>
EVAR LTFU at UF

Challenges

• Transfer patients – out of area
• Tracking hard to reach patients: Facebook, obits, certified letters
EVAR LTFU QI Initiative: Future Directions

- EVAR LTFU report development*
- Dashboard Tracking*
- Email blast*
- Medicare Linkage/VQI integration to auto-update*
- National and regional meeting updates*
- Changes in LTFU form [why patients are lost to LTFU]
- Increased incentives for LTFU reporting?
- 2\textsuperscript{nd} round of Low and High performing center focus groups
- Publication
Thank you