

# **Maximizing Physician Participation in Regional Study Group Meetings and Regional Quality Initiatives within the Vascular Quality Initiative**

**Yazan Duwayri, M.D. and Matthew Corriere, M.D.**

## ***Introduction***

The Society for Vascular Surgery Vascular Quality Initiative (VQI) is a powerful tool for monitoring outcomes and improving quality for vascular procedures. Reports generated through VQI facilitate targeted quality improvement initiatives through identification of specific outcomes that are relevant to local or regional groups. Participating institutions can therefore leverage the process and implementation advantages of regional groups for quality improvement processes while maintaining the benefits of the larger national VQI database.

## ***Background***

While VQI implementation requires institutional buy-in, direct physician involvement remains critical to ensure data validity, identify potential opportunities for high-impact quality improvement initiatives, and facilitate implementation of evidence-based changes in clinical care. For meaningful participation, regional study group meetings should ideally include representative physicians and data managers from each member institution. Meetings cover a broad range of topics including data collection, new quality improvement strategies, results of previous projects, and regional benchmarking reports.

## ***Problem***

Several barriers limit regional meeting attendance. A major factor is limited physician time availability due to clinical patient care demands, conflicts with other meetings, and limited institutional support for travel expenses. Additionally, attendance may be negatively impacted when meeting agendas are not representative of the needs the group (for example, lack of balance between clinical and research topics may differentially impact the level of interest from providers from academic and community practice settings). Attendance may also suffer if members perceive lack of opportunities for active participation through presentation, analysis, project management, or leadership roles. Furthermore, regional study group meetings do not provide continuing medical education (CME) credits required for maintenance of certification or licensure, possibly decreasing attendance.

## ***Recommendations:***

### **1. Meeting location selection:**

Geographic distance is a barrier for regional study groups covering large areas. Meeting locations and dates should therefore be planned to allow for convenient travel. Meeting locations in central cities and close to major airports can increase participation by decreasing travel time. Polling the participants may facilitate venue selection.

### **2. Meeting timing and duration:**

It is recommended that regional group leaders avoid dates conflicting with major

vascular society meetings, unless planned to be held in conjunction. Meeting start times and end times should allow for physician travel to the meeting city without disruption of more than one work day. Meeting duration can vary according to the size and age of the regional group, ranging from 4 hours in new groups to 8 hours in larger mature groups. Meetings should be scheduled at least 6 months in advance to allow attendees to plan their schedule. The next meeting date and location should always be announced at the prior semi-annual meeting, and distributed widely at that time to those not in attendance.

**3. Regional study group meetings in conjunction with other regional vascular society meetings:**

Holding at least one of the biannual meetings in conjunction with a regional or state society meeting may boost attendance and provide opportunities for regional group support. Ideally, leaders in the regional group would also be recognized leaders in the local society. Since many of the local meetings are in need of material for their programs, the regional group could offer to provide content based on regional group quality improvement activities and research projects.

**4. Web conferencing:**

Interactive web broadcast of the regional meeting can eliminate the aforementioned travel challenges for some participants. Typical features of interactive conferencing include slide shows, real time video streaming, text chatting for live question and answer sessions, and polls and surveys.

Web conferencing, however, is often sold as a service, and therefore should be accounted for in the cost of meeting arrangements. In addition, virtual meetings lack the interactivity, brainstorming, and networking created during face-to-face meetings. Therefore, this method cannot fully replace the focused atmosphere created during physical meetings, and preferably should be reserved for circumstances in which physical presence is not possible.

**5. Increasing the active participation of community vascular surgeons:**

Creating balanced meeting agendas may allow equal representation of academic and community surgeons. This can be accomplished by including valuable process of care discussions in addition to potential VQI related research ideas. High VQI performers in different categories can be identified at the SVS PSO level, and asked to describe the processes of care which they think has led to their good results. Meeting agenda can be decided by polling all members to understand their interests ahead of the meeting. Meeting invitations should include calls for volunteers to participate in the current regional research and QI projects. All participants should be encouraged to suggest new topics for research and quality improvement during the regional meetings. It may be beneficial to develop a quality committee composed of representatives from many institutions to promote regional QI projects and contribute to the semiannual meetings. This would encourage more widespread participation and create a physician "champion" within each institution.

**6. Regional Data:**

As the regional group matures, medical directors are encouraged to identify analytic resources in their regions to analyze the data on a very granular and institutional level. The results should be discussed at the meeting in a blinded fashion and high performers should be encouraged to share their experiences. Encouraging members to review their personal and center data, from VQI share-a-file, ahead of the meeting improves their ability to reflect on the data and actively participate in the meeting.

**7. Trainee Integration:**

VQI Research or Quality improvement activities at specific programs that involve residents and fellows may be of value for the regional meeting agenda. Fellows and residents should be encouraged to present their VQI related research at the regional meetings. This encourages other institutions to involve their trainees, familiarizes residents and fellows with VQI, and, over the long term, can increase their desire for participation after graduation.

**8. Branding with local and regional vascular societies:**

Partnering with regional and state vascular surgical societies can improve the dissemination of information about regional VQI study group meetings and the ongoing quality initiatives. This can be accomplished by dedicating a brief talk at the respective society's annual meeting to update its members about the regional study group activities, or by providing a link to the study group calendar in the regional society's email communications or website. As mentioned previously, this can also be achieved by holding one of the biannual meetings in conjunction with regional vascular society annual meetings.

**9. CME credits:**

Partnering with the Society for Vascular Surgery to provide the appropriate CME credits for participation in regional study group meetings may increase physician attendance, as this may fulfill another requirement for maintenance of certification through VQI.

***Conclusion***

Regional study groups are the basic structural components of VQI. Several challenges face these groups as they strive to attract physician participation in a busy healthcare environment. The above tools provide a framework for regional groups to maintain the crucial physician contribution for uninterrupted feedback and process improvement initiatives.