Lessons from the Carolinas Vascular Quality Group

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Disclosures
Why are we doing this?
General Observations

• Still too much variation in practice and outcomes
• Different “style” of meeting in each region
• Have we strayed from our mission?
The VQI Mission—Our mission

The VQI is designed to improve the quality, safety, and effectiveness and cost of vascular health care by collecting and exchanging information.
The Dartmouth Center for Evaluative Clinical Services 1988
His Key Observations
Variation in healthcare is remarkable

More healthcare does NOT mean better outcomes

Outcomes are better when patients share in the decision making
Variation in healthcare is remarkable

More healthcare does NOT mean better outcomes

Outcomes are better when patients share in the decision making
Rationale for Vascular Groups

Variation exists in vascular care
- 2-4 fold difference in mortality, morbidity
- 4-7 fold difference in procedure rates
Cost per Medicare Beneficiary
How do you change variation?
Our Predecessor

Safe and Effective care
Population: Patients undergoing Coronary Artery Bypass Graft
Providers: Cardiovascular surgery centers in New England

Northern New England Cardiovascular Disease Study Group
Origins: threatened public report of unadjusted CABG mortality rates
New England rates varied two fold: 3.1% to 6.3%
Surgeons agreed to collect relevant clinical data
Ways to Decrease Variation of Care

• Collect data and look at variation
• Identify the group(s) who do “best”
• Listen to how the “best” do it
• Derive an explicit plan to act
• Get together regularly to adjust course
Watch each other operate
Portland, Maine, Yacht Club
August 2003
A regional registry for quality assurance and improvement: The Vascular Study Group of Northern New England (VSGNNE)

Jack L. Cronenwett, MD, a Donald S. Likosky, PhD, b Margaret T. Russell, MBA, MS, a Jens Eldrup-Jorgensen, MD, c Andrew C. Stanley, MD, d and Brian W. Nolan, MD, a for the VSGNNE, Lebanon and Hanover, NH; Portland, Me; and Burlington, Vt

Could the New England Culture be transplanted to the South?
By nature, physicians and surgeons are competitive.
Drop the bait.
If we all improve together, referrals to our Vascular Center and to each of us will increase because of excellence.

Collective responsibility
“We are not going to let any damn Yankee beat us again!”

Edward Morrison, MD
Length of Hospital Stay (days)
Carotid Endarterectomy

50% reduction in five years
We met every month!
Moving from one hospital to a regional quality group
Keys To Possible Success

• The geography of the Carolinas
• A Separate full-day meeting twice years
• Two consistently great locations
Everyone introduces themselves
The Meeting Format

• Detailed analysis of our data
• Identifying the “best” in the region
• Open discussion of how the “best” do it
• A finite selection of goals for next meeting
• A detailed discussion of technique for some common procedure
Carolinas Vascular Quality Group

- Wake Forest University Hospital
- Novant Health University Hospital
- Novant Health University Forsyth Medical Center
- Vidant Medical Center
- Alemance Regional Medical Center
- Cone Health
- Duke University Med Ctr
- UNC Hospitals - Chapel Hill
- Rex Health Care
- University of North Carolina
- Novant Health Presbyterian - Charlotte
- Sanger Heart and Vascular Clinic

- Spartanburg Regional Medical Center
- Carolina HealthCare - Pineville
- AnMed Health
- McLeod Cardiac and Vascular Surgical Associates
- Self Regional Medical Center
- Palmetto Richmond
- Aiken Regional Medical Center of Orangeburg
- Trident Hospital
- Medical University of South Carolina
- Cooper St. Francis Heart and Vascular
- Beaufort Memorial Hospital
Vascular Surgeons Lead

Physician Specialties Across Your Region (as of Dec. 31, 2017, N=162 Physicians)
Staying focused on the most important areas for improvement
The Most Important Issues

Follow-up

Best Medical Rx

Statin and Aspirin

AAA sac measurement

Ultrasound guidance
To-do List for Us for Spring 2016

• One-year follow-up > 80%
• Statin/aspirin usage @ 90%
• EVAR FU and sacs measured @ 70%
• Ultrasound guidance for femoral puncture @ 70%
• Take a close look at your open AAA selection and performance
Long-term Follow-up for 2010

Center Variation Within Your Region

Regional Variation across VQI and VQI Mean Rate
Long-term Follow-up by Center in Your Region (Jan-Dec 2015)

Long-term Follow for 2015

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s rate differs significantly from the VQI rate.
Discharge Medications Procedures performed between Jan. 1 and Dec. 31, 2017

Discharge Antiplatelet+Statin Rate by Center in Your Region (Jan-Dec 2017)

Discharge Antiplatelet+Statin Rate by Region Across VQI (Jan-Dec 2017)

*** indicates center’s rate differs significantly from the regional rate.

“Others” indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
Sac Diameter Reporting for 2015

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s rate differs significantly from the VQI rate.
Ultrasound guidance for 2017
How We do open AAA repair.....

Vascular ERAS:
Enhanced Recovery After Aortic Surgery
To-do List for Us for Spring 2018

• One-year follow-up > 80%
• Statin/aspirin usage @ 90%
• EVAR FU and sacs measured @ 70%
• Ultrasound guidance for femoral puncture @ 70%
• Develop Enhanced Recovery After Open AAA Surgery
So, please consider this….

- Stay focused on decreasing variation in practice and outcomes
- Let the “best” tell how they do it.
- Spend more time in discussion than in presentations
- Set explicit goals for next meeting
- Stay focused on the targets
Come visit us!!

Carolinas Vascular Quality Group