

Lessons from the Carolinas Vascular Quality Group

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Chair of Carolinas Vascular Quality Group





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?**

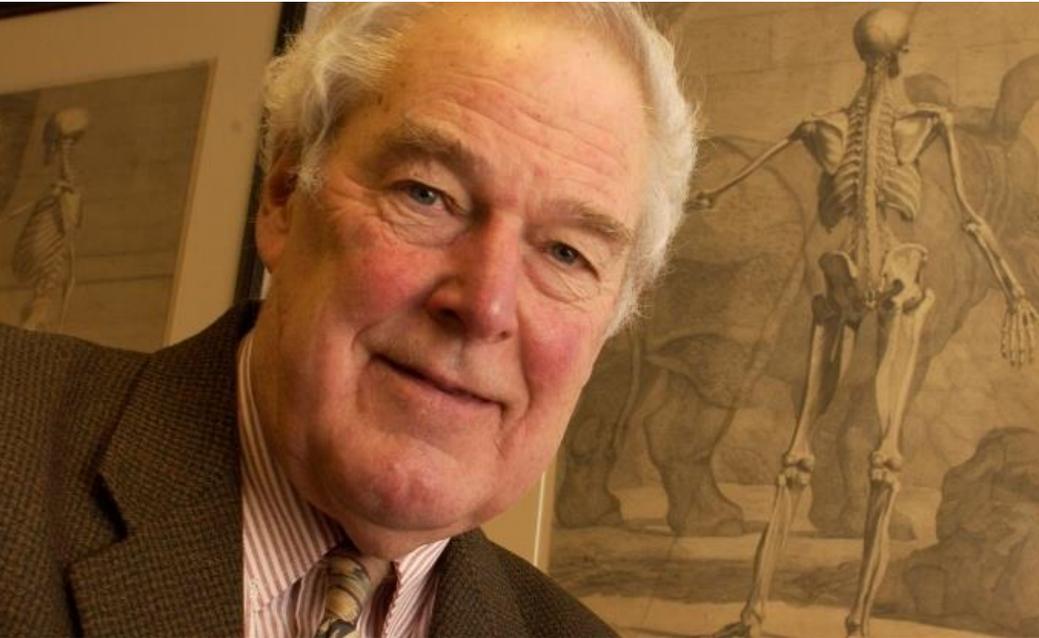
The VQI Mission—Our mission

The VQI is designed to improve the quality, safety, and effectiveness and cost of vascular health care by collecting and exchanging information.



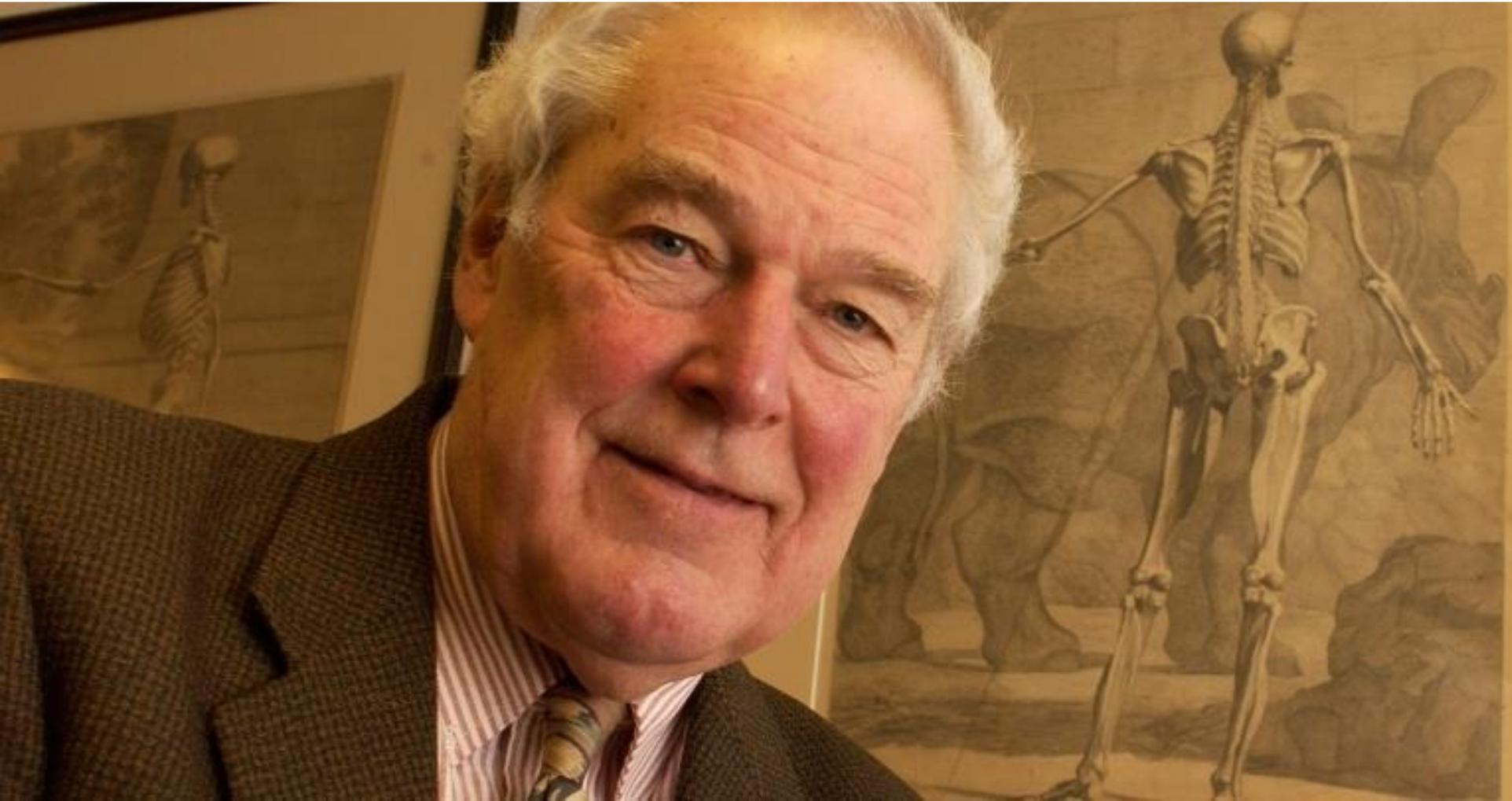
Dr John E. Wennberg

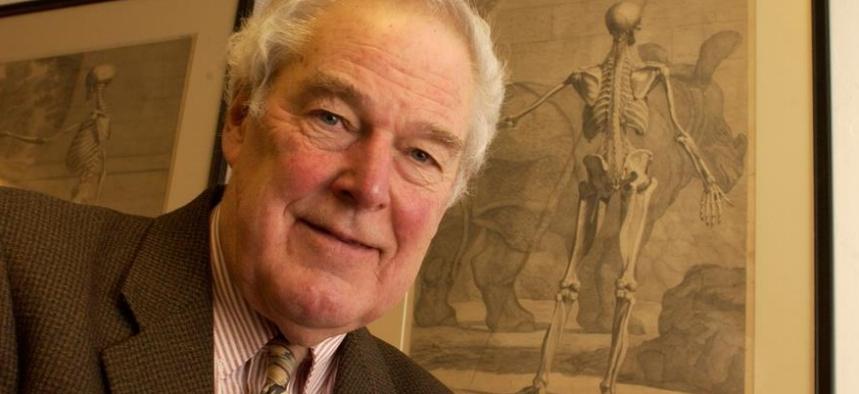
The Dartmouth Center for Evaluative Clinical Services



1988

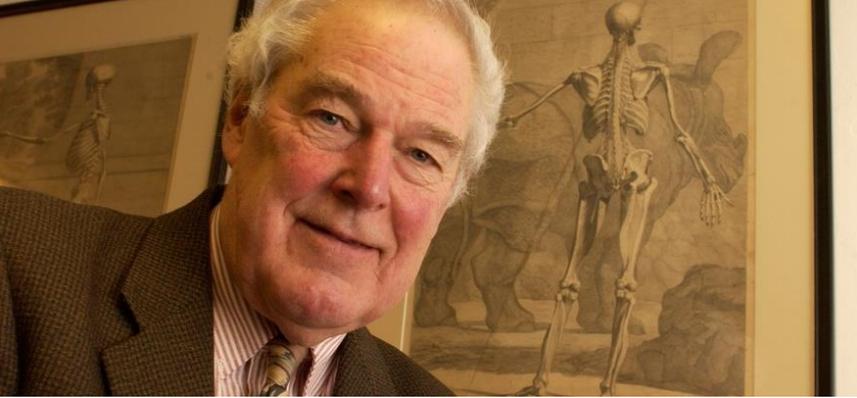
His Key Observations





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***



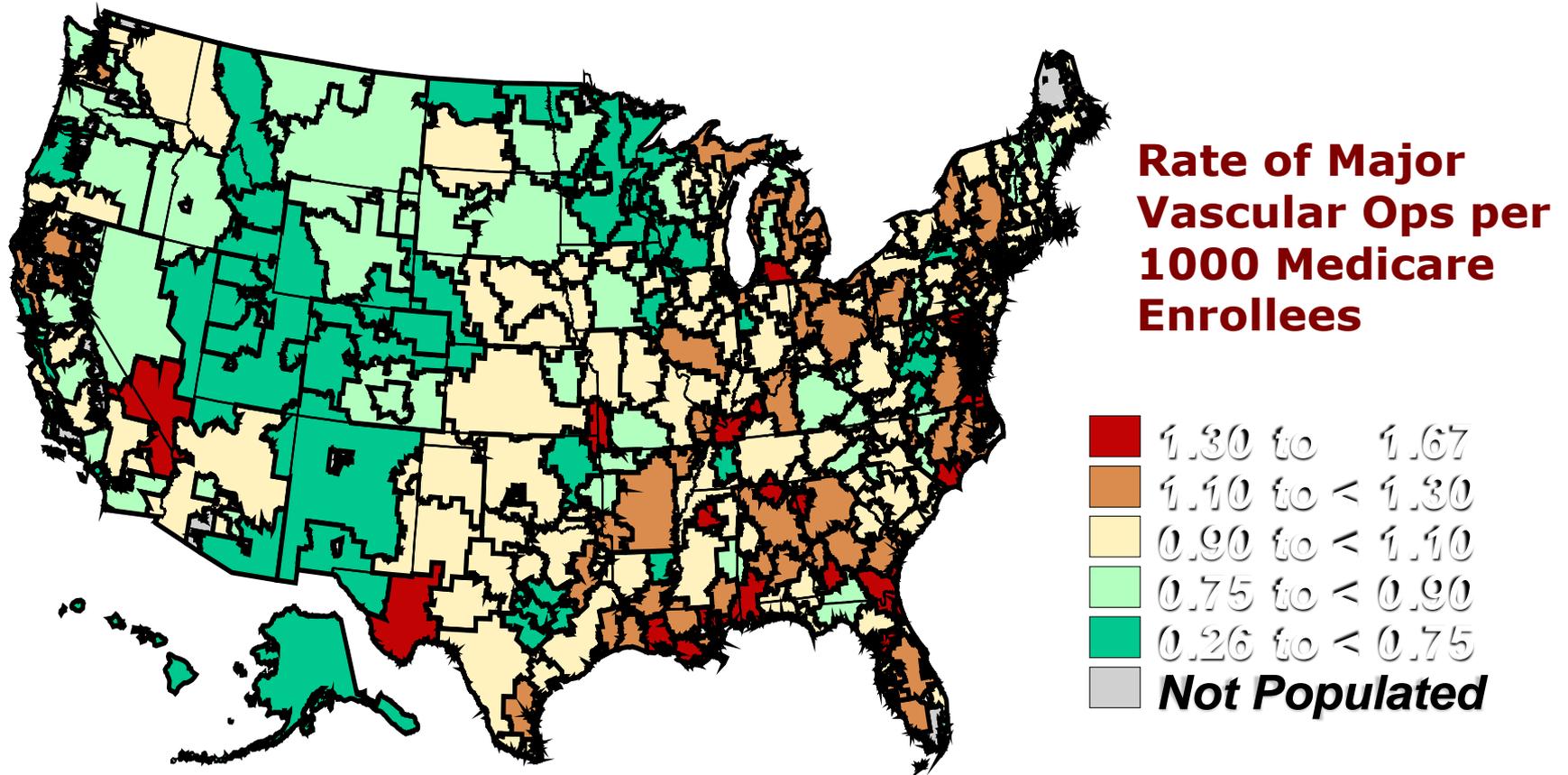
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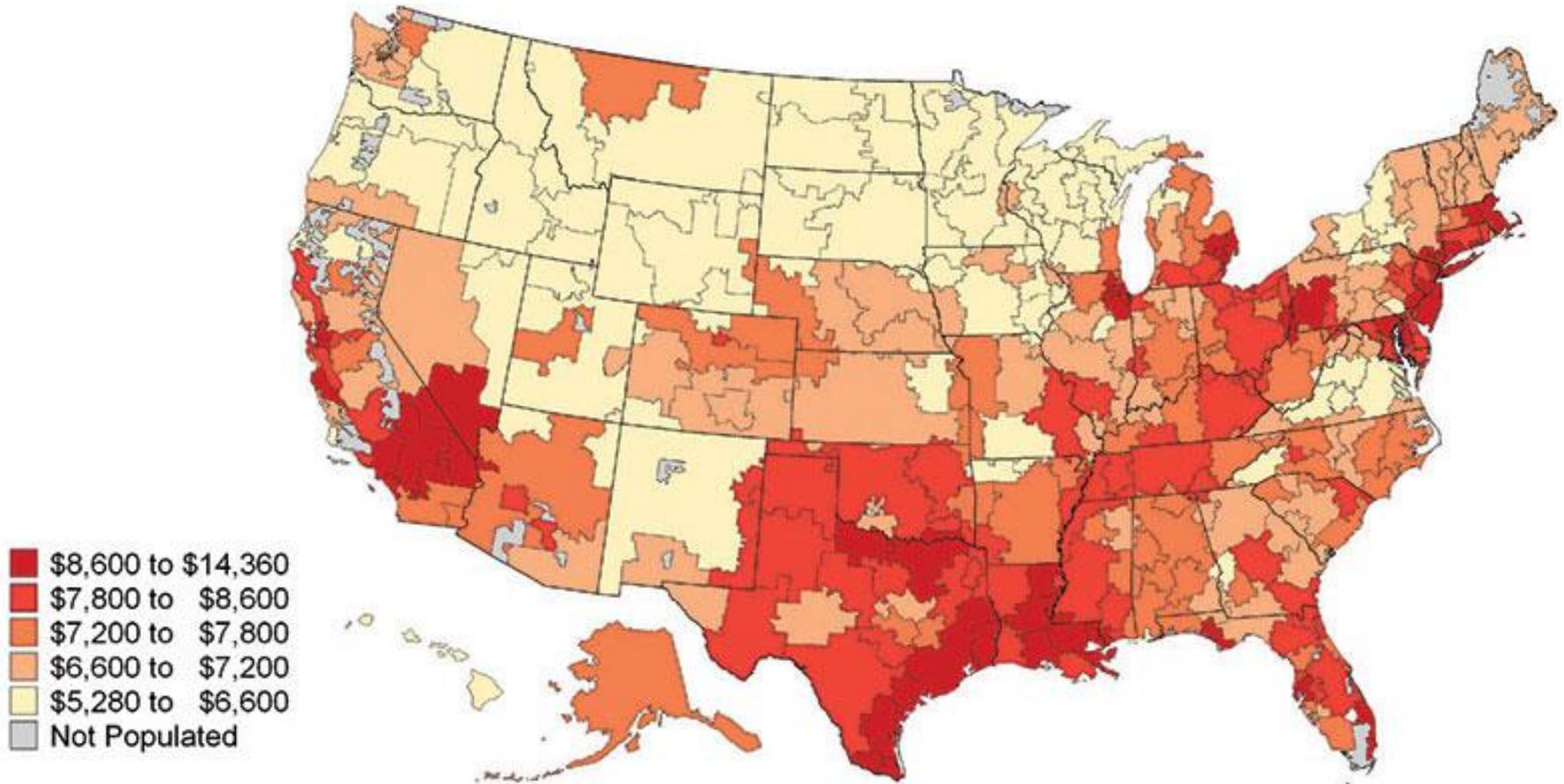
Rationale for Vascular Groups

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?

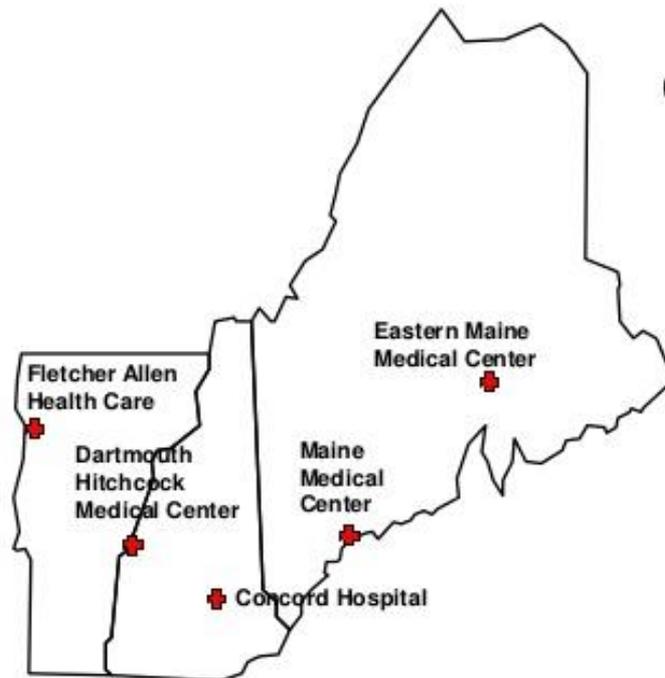


Our Predecessor

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

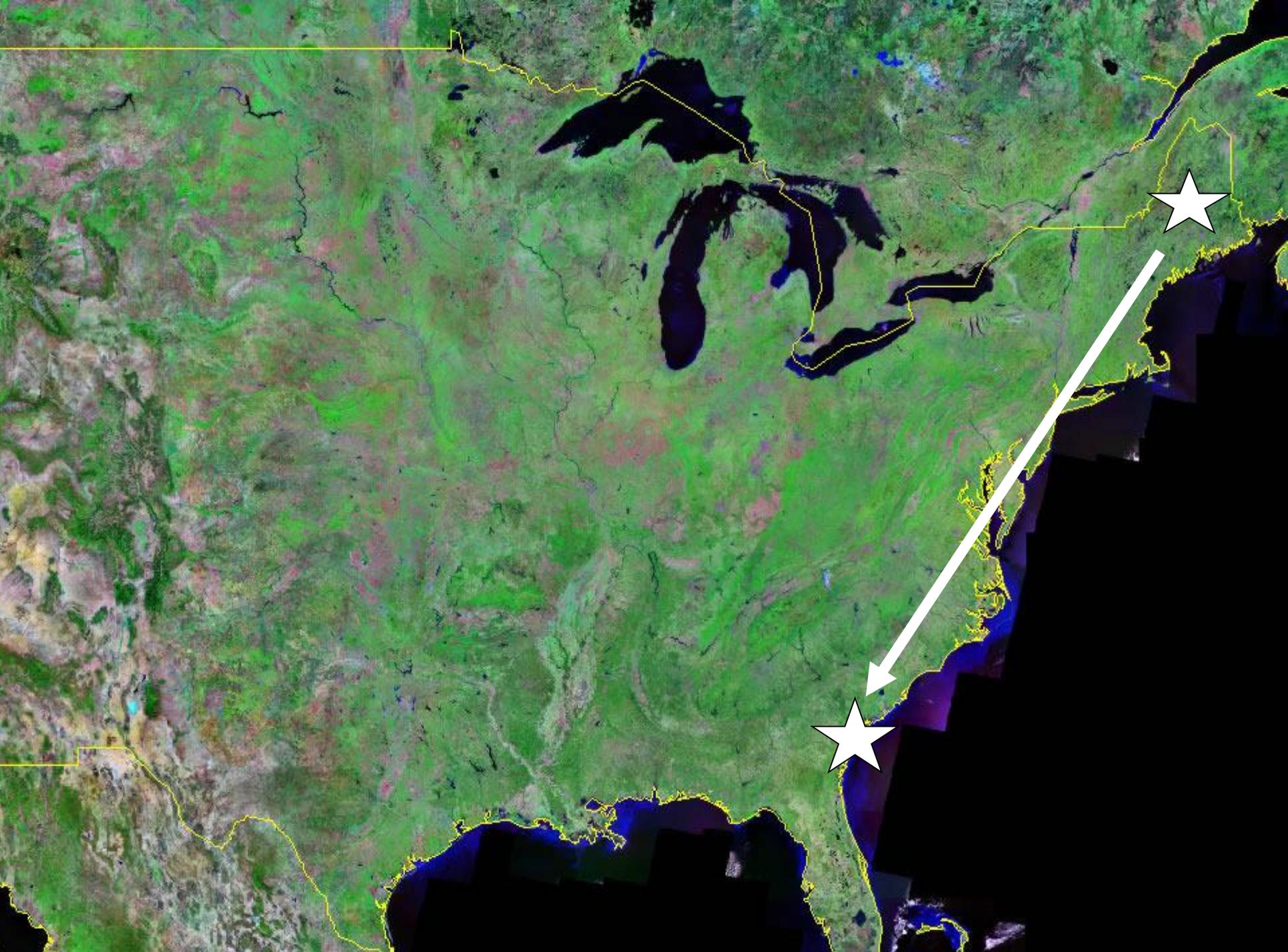




A regional registry for quality assurance and improvement: The Vascular Study Group of Northern New England (VSGNNE)

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*

J Vasc Surg 2007;46:1093-102.



Could the New England Culture be transplanted to the South?



***By nature,
physicians
and
surgeons
are
competitive***



Time is money

Drop the bait.



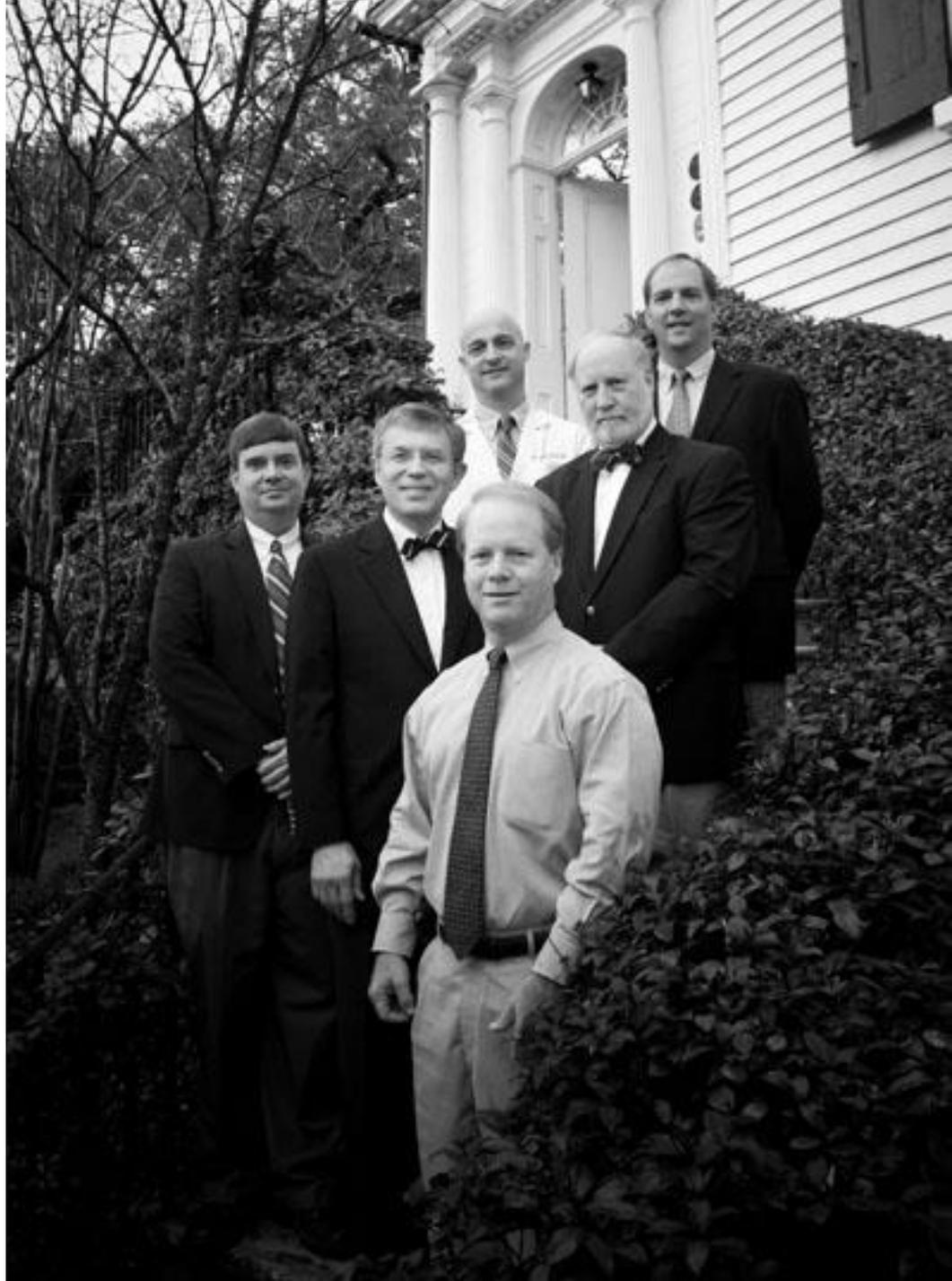


Collective responsibility

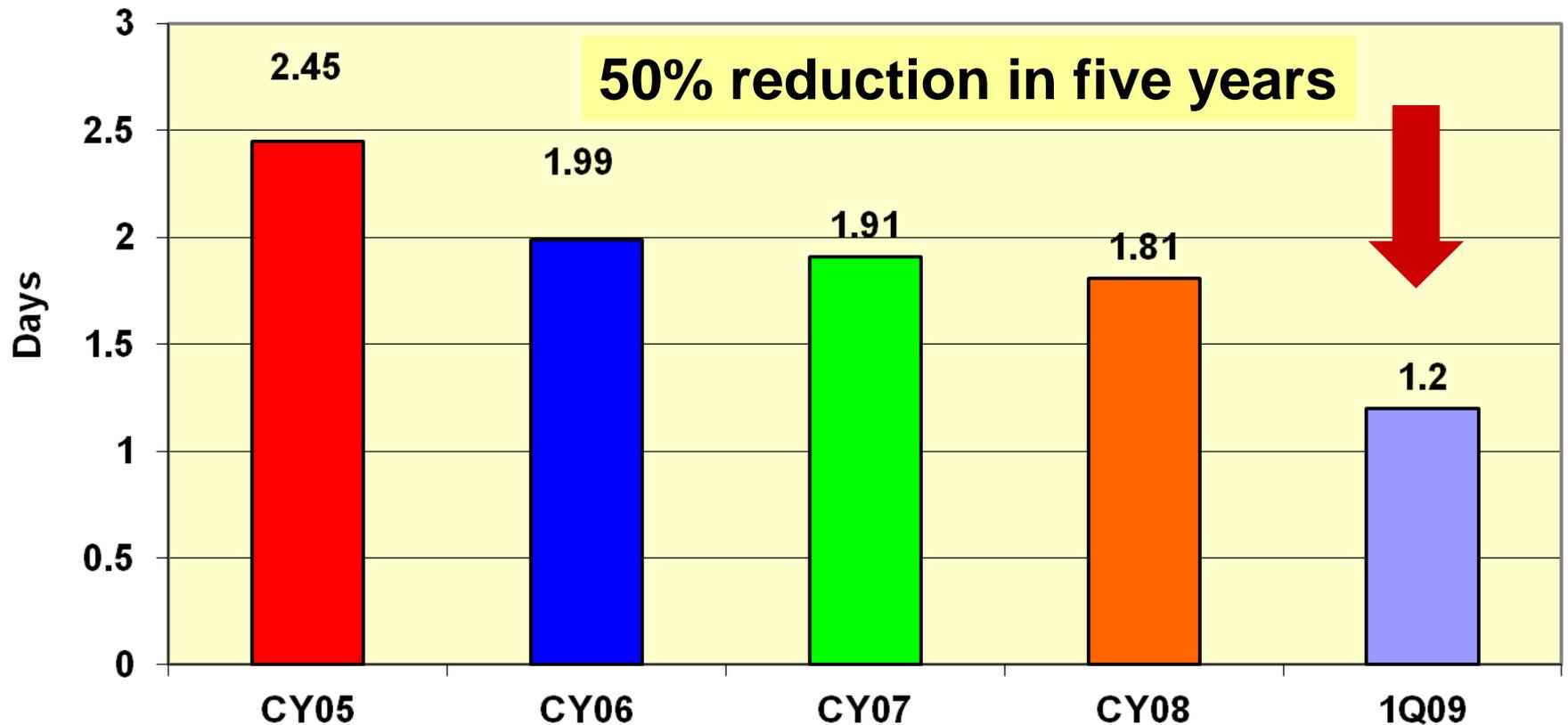
If we all improve together, referrals to our Vascular Center and to each of us will increase because of excellence.

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

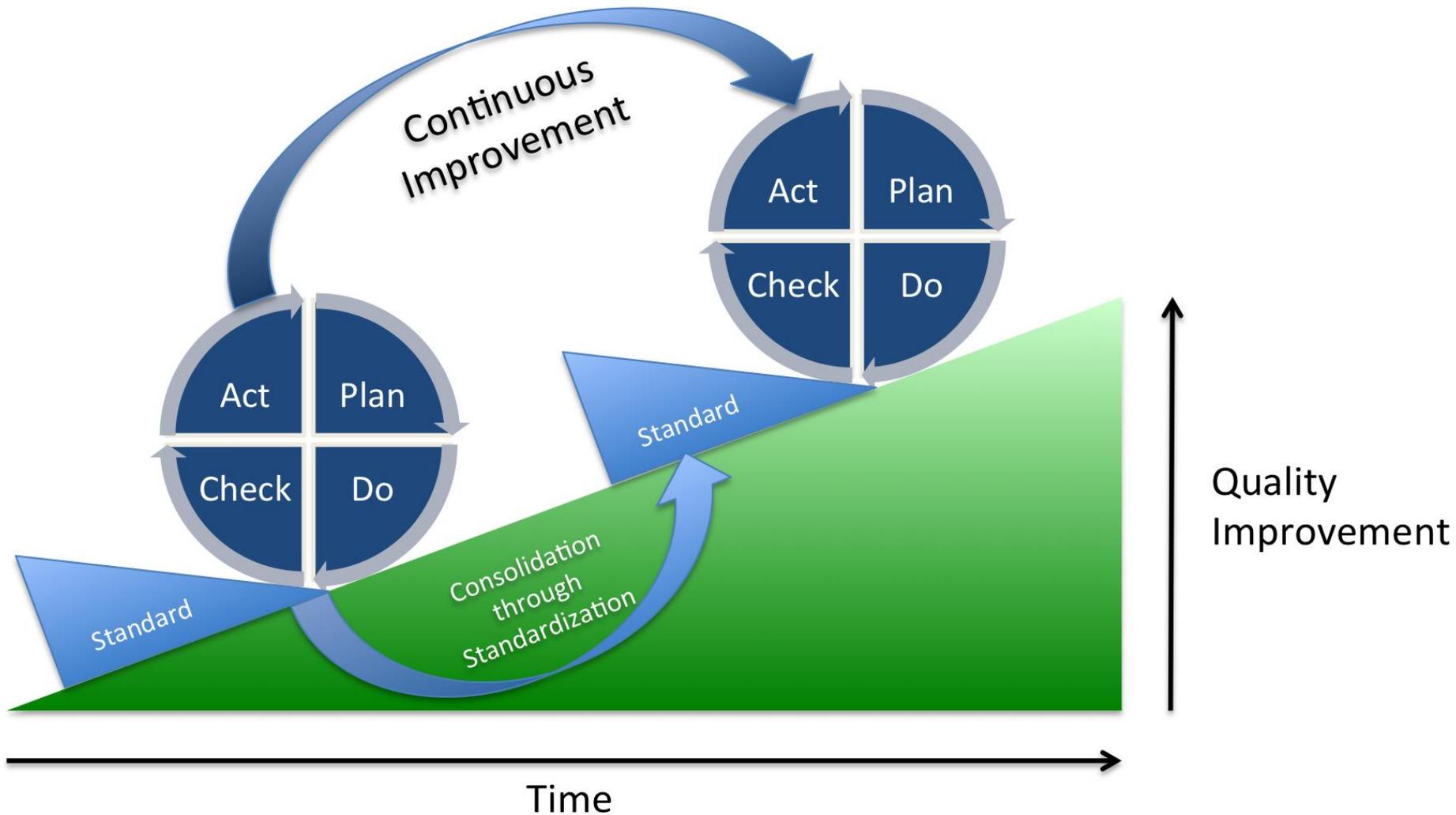
Edward Morrison, MD



Length of Hospital Stay (days) Carotid Endarterectomy



We met every month!



Moving from one hospital to a regional quality group





April 2010, Charleston, South Carolina

Keys To Possible Success

- **The geography of the Carolinas**
- **A Separate full-day meeting twice years**
- **Two consistently great locations**



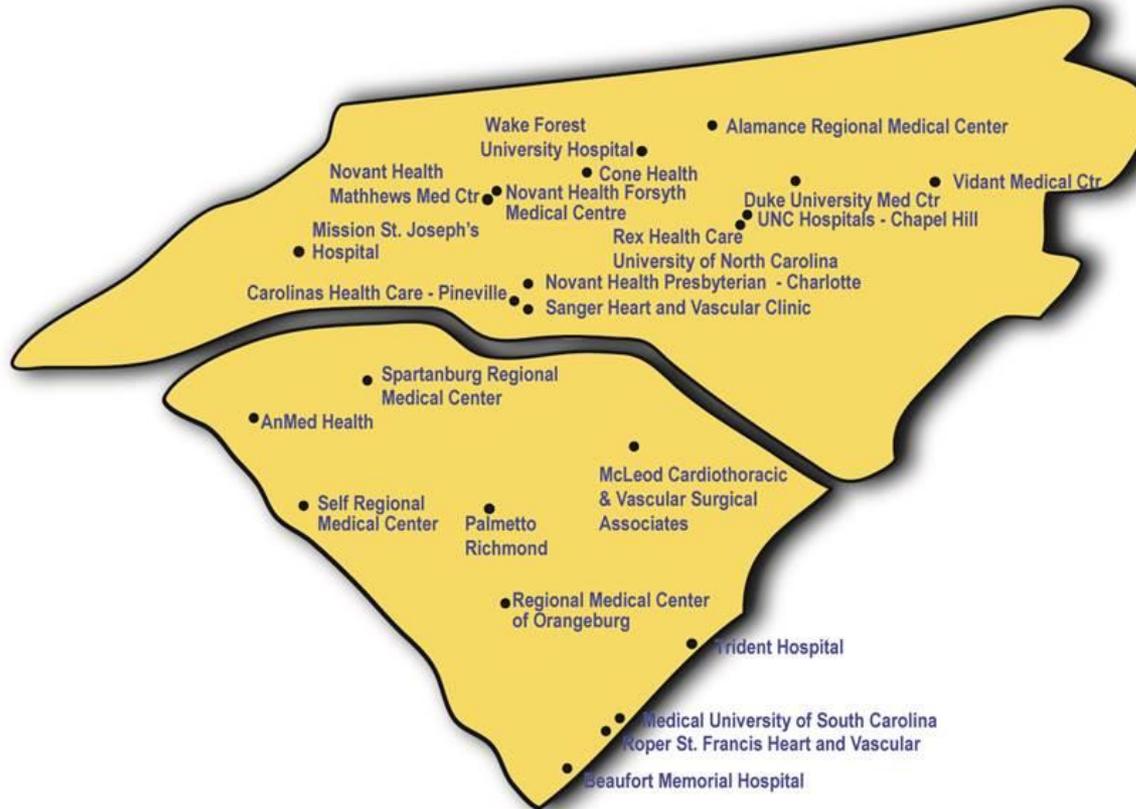


Everyone introduces themselves

The Meeting Format

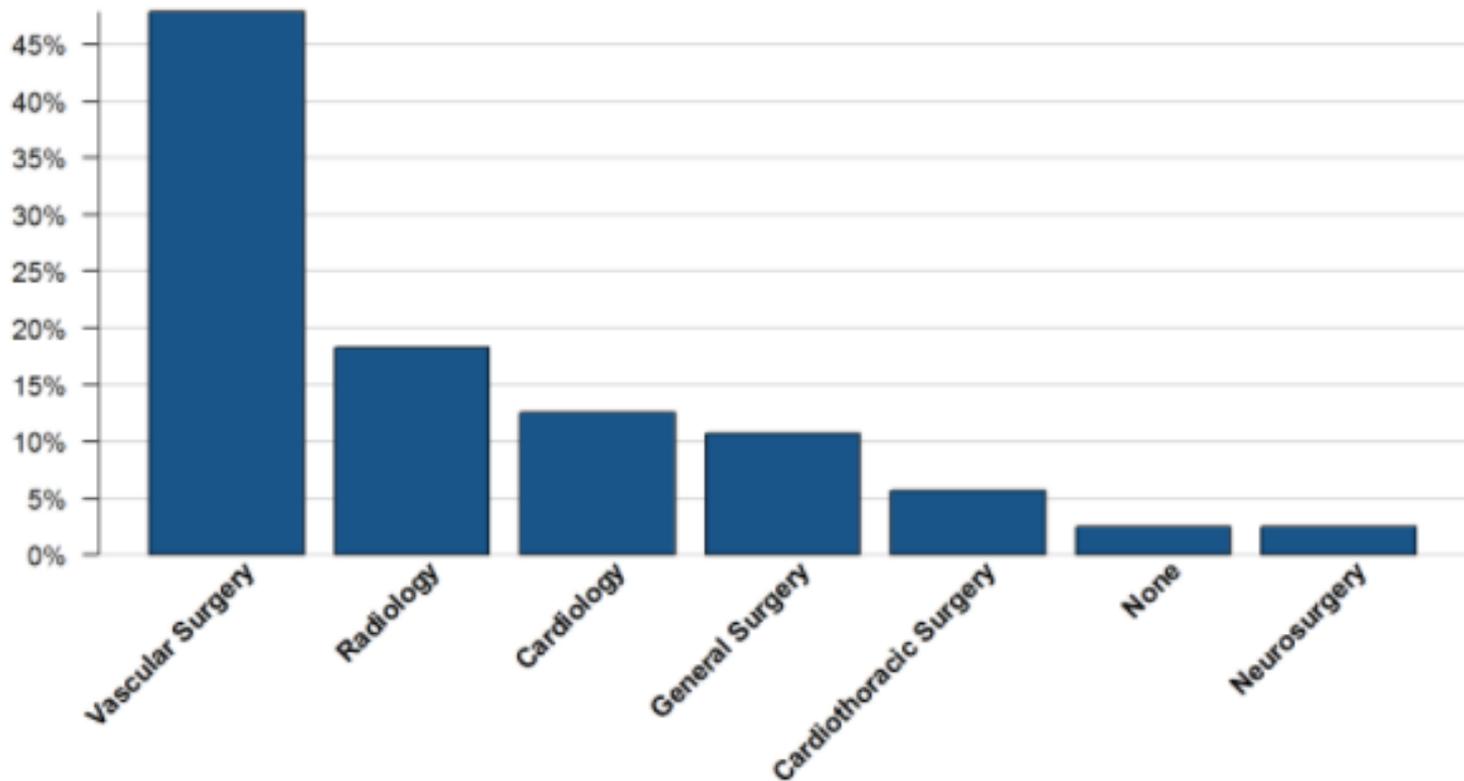
- **Detailed analysis of our data**
- **Identifying the “best” in the region**
- **Open discussion of how the “best” do it**
- **A finite selection of goals for next meeting**
- **A detailed discussion of technique for some common procedure**

Carolinas Vascular Quality Group



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



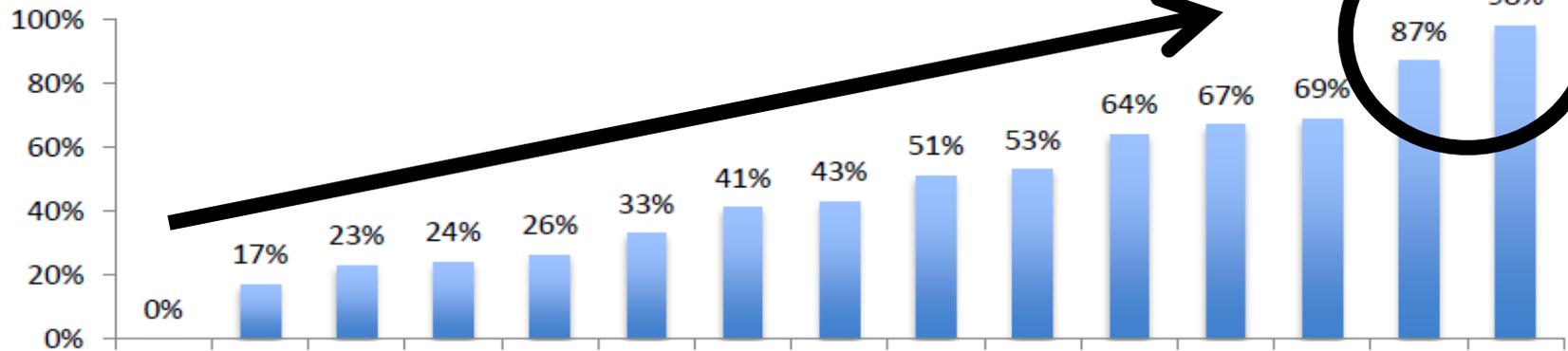
Ultrasound guidance

To-do List for Us for Spring 2016

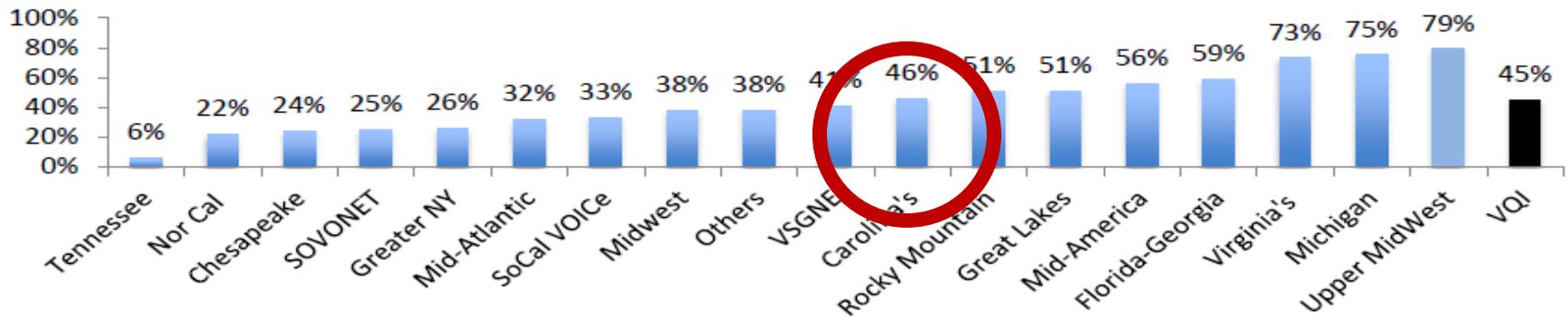
- **One-year follow-up > 80%**
- **Statin/aspirin usage @ 90%**
- **EVAR FU and sacs measured @ 70%**
- **Ultrasound guidance for femoral puncture @ 70%**
- **Take a close look at your open AAA selection and performance**

Long-term Follow-up for 2010

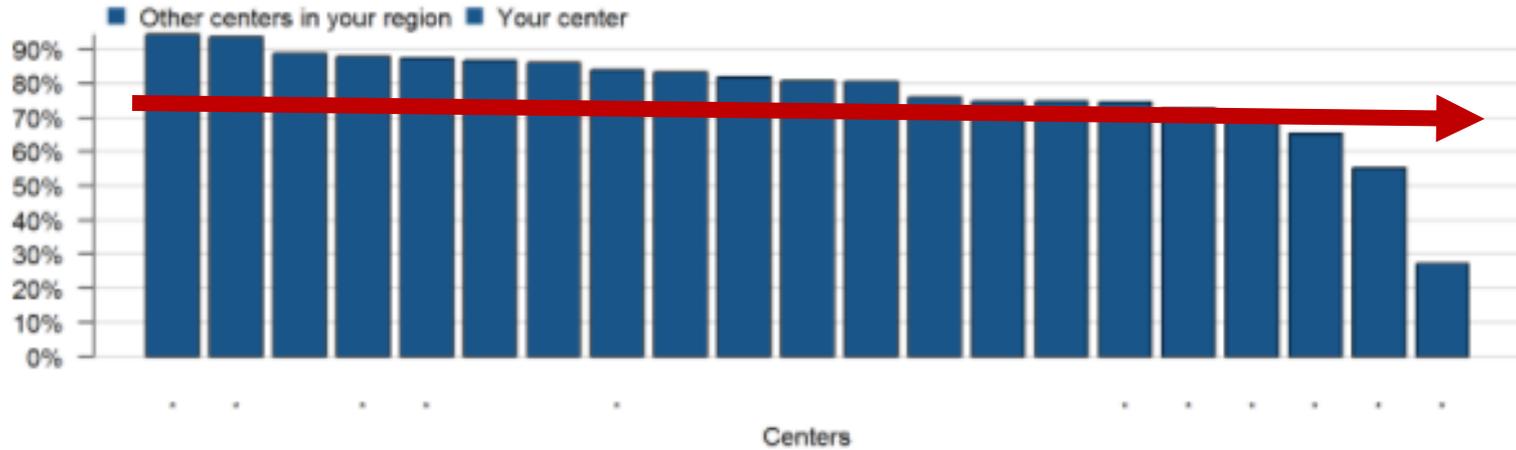
Center Variation Within Your Region



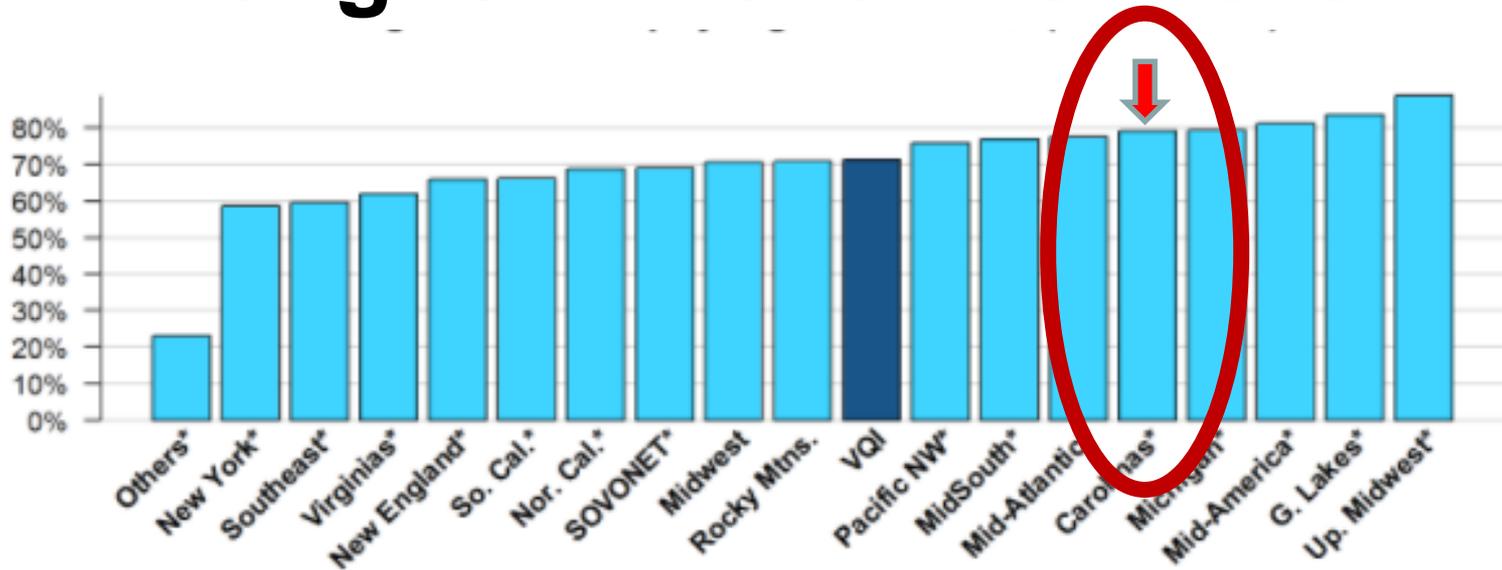
Regional Variation across VQI and VQI Mean Rate



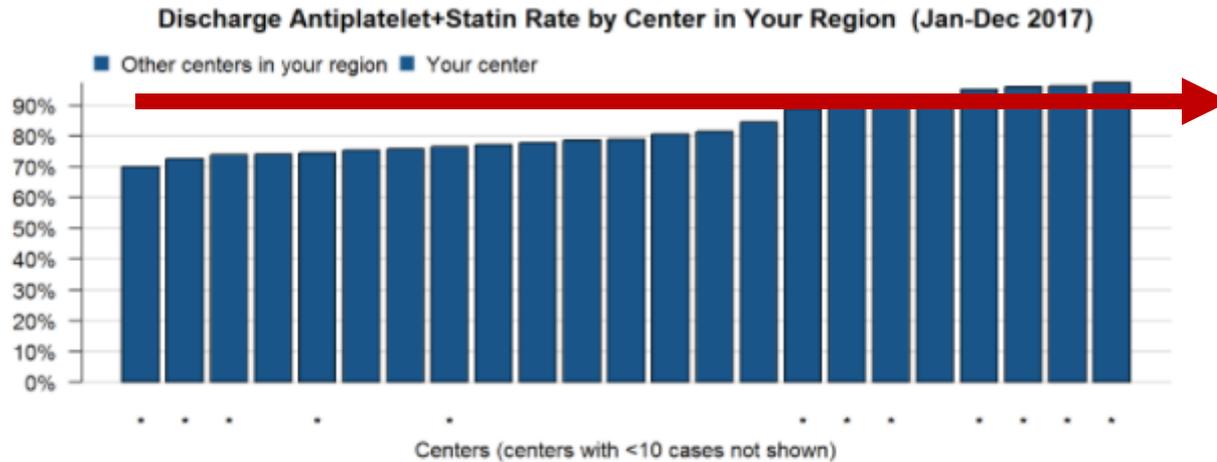
Long-Term Follow-Up by Center in Your Region (Jan-Dec 2015)



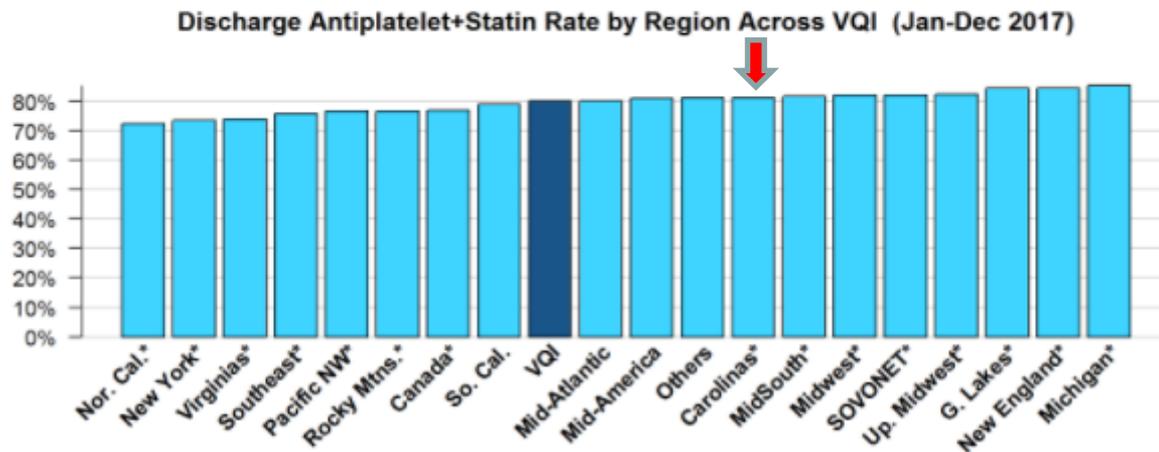
Long-term Follow for 2015



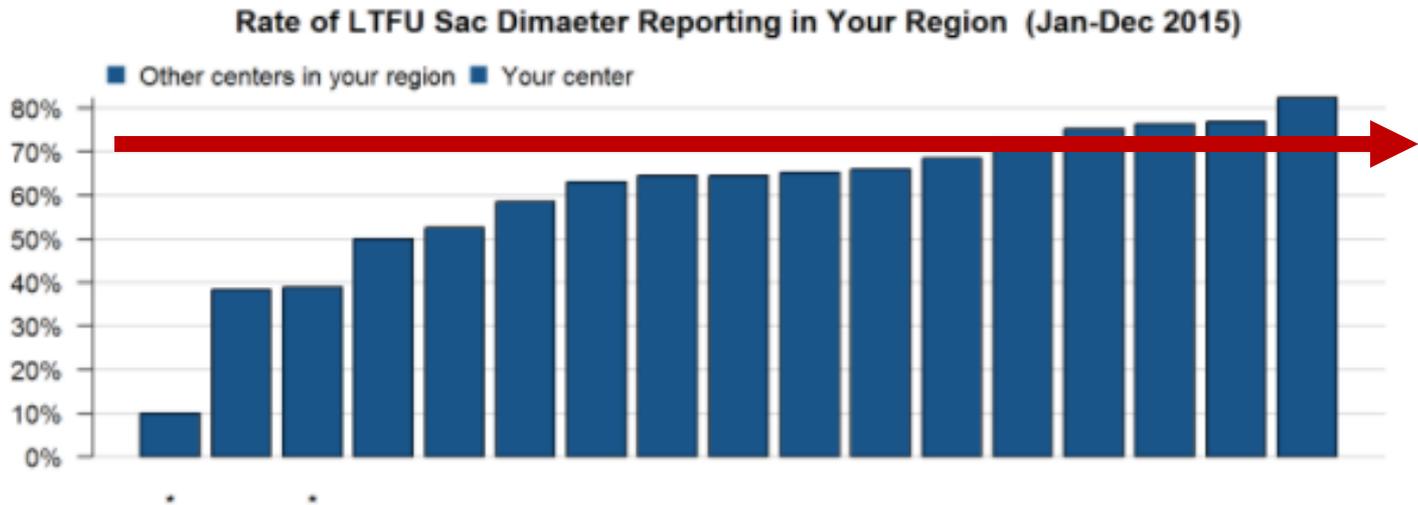
Discharge Medications Procedures performed between Jan. 1 and Dec. 31, 2017



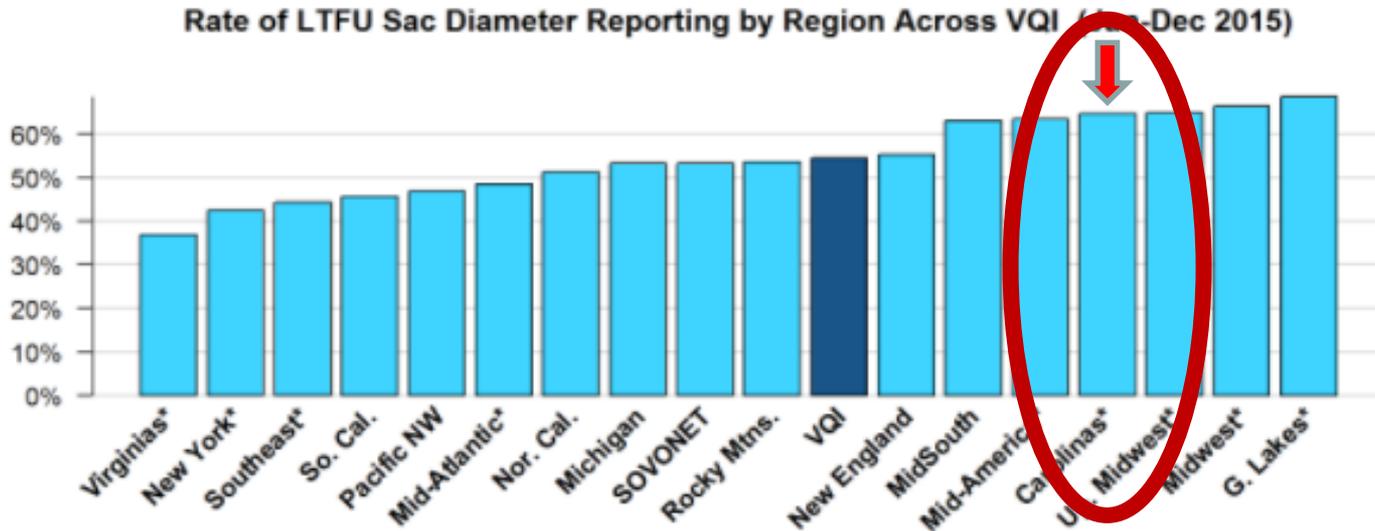
*** indicates center's rate differs significantly from the regional rate.



"Others" indicates centers that do not belong to a regional group. *** indicates region's rate differs significantly from the VQI rate.

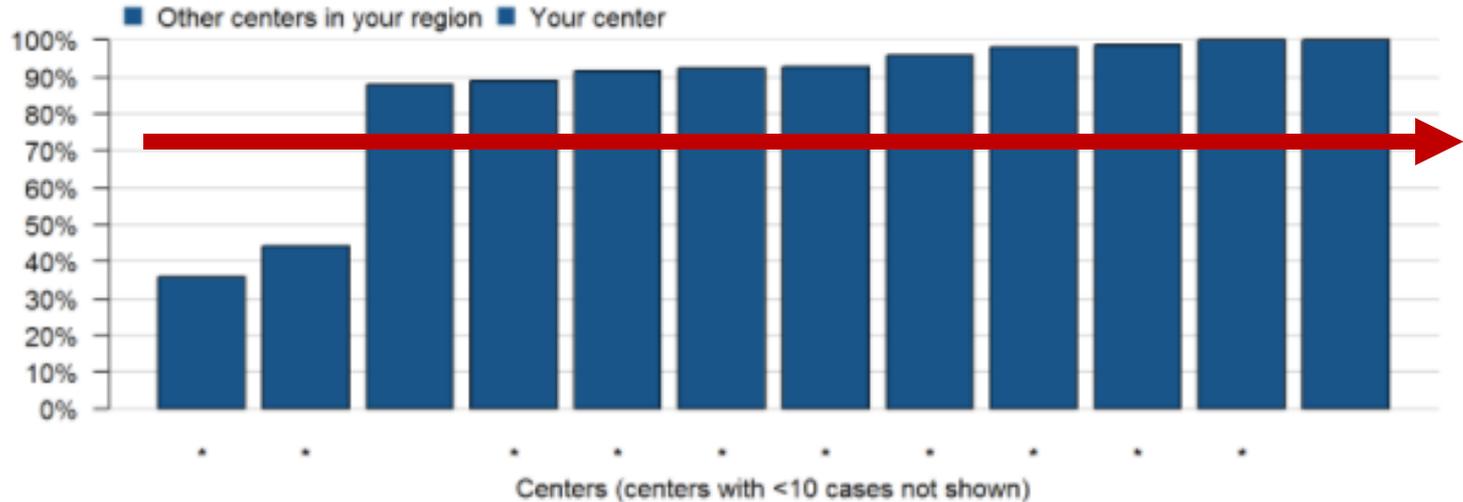


Sac Diameter Reporting for 2015



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Rate of Ultrasound Access Guidance in Your Region (Jan-Dec 2017)



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

Ultrasound guidance for 2017



Others indicates centers that do not belong to a regional group. *** indicates region's rate differs significantly from the VQI rate.

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

