Making a Case for Quality Reporting through VQI in a Large Healthcare System

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Macrocosm

- Baycare Health System
  - 15 hospitals across 4 counties
    - Hillsborough
    - Pinellas
    - Polk
    - Pasco

- Centers of Excellence across the system
Microcosm

- Morton plant hospital
  - 687-bed
  - Specialty-services
  - Neurosciences
  - Cardiovascular services
  - Orthopedic services
Macro-Strategy

- Evaluate the market (internal and external)
- Evaluate the hospital volume
  - Run the numbers of all participants
  - Cross the boundaries beyond VS
- Know your stakeholders
- Make friends with the Finance department people
- Understand the real numbers
  - Cost, volume, reimbursement, facility fees (hospital vs outpatient)
- Divide and conquer the quality
  - Every hospital doesn't need them all
Micro-Strategy

- Evaluate the history of institution, including VQI history
- Engage the stakeholders
  - Administration
    - CEO, CMO
  - Physicians
    - IR, Cardiology, VS, CTS
  - Quality Department
  - Program Manager
- Present to the Board of all CMO’s
  - Obtain their Buy-In
  - Discuss the quality metrics
- Again, Not every hospital needs every module
- Have a Plan for every hospital
  - Know the volumes of every hospital
  - Know the surgeons and interventionalists at the hospitals
  - Meet the CMO’s
VQI & the Larger Healthcare System

- Set Goals

- Short-term
  - TCAR
  - Create performance metrics around the VQI metrics
  - Institute Appropriate Use Checklists
    - PVI
    - EVAR
    - Work with IR collaboratively for IVC filter

- Long-term
  - Create dashboards / weekly updates on true quality metrics
Conclusion

- Improved quality decreases cost
- Leverage cost-savings as earned revenue
- Plan for the future
  - Upcoming APM’s / MACRA

- Ideally…
  - The future of VQI would offer options for healthcare systems to implement system wide rather than hospital-specific