

VQI PULSE

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Putting the Patient First: Long-Term Follow-Up (LTFU)

One of the unique and most important aspects of the VQI is tracking one-year follow-up data after all vascular procedures. This information is critical for assessing treatment effectiveness, provides the opportunity to promote optimal medical management and demonstrates our commitment to quality patient care. In order to raise the LTFU rates for all VQI centers, high-performing centers can receive a VQI Participation Award and will be acknowledged in SVS PSO publications. Centers with low performance on LTFU, defined as less than 50 percent average LTFU rates across all vascular registries, will be placed on probation for one year. These centers will receive assistance from the SVS PSO to improve LTFU, including a best-practice toolkit and a peer advisor. If LTFU rates do not improve after the probationary period, that center's data will be excluded from research studies and industry trials, and physicians will not be able to use VQI for the Physician Quality Reporting System (PQRS) or for Maintenance of Board Certification.

Rewarding Star Performers for VQI

Participation

The SVS PSO VQI Participation Awards Program, which will begin in 2016, recognizes the importance of active participation in VQI as a critical component of our quality improvement mission. The awards will be issued to VQI centers based on a point system that reflects their level of participation.

The participation award is based on three factors:

1. Completeness of long-term follow-up reporting
2. Physician attendance at regional quality group meetings
3. Participation in multiple procedure registries

VQI Participation Award Star System

The VQI Participation Award will award one, two or three stars to VQI centers that achieve points in the three categories according to the following schedule:

Percentage of patients with at least nine months of follow-up data reported:

- 1 Point: 70 percent average follow-up rate across all vascular registries in which the center participates
- 2 Points: 80 percent average follow-up rate across all vascular registries in which the center participates
- 3 Points: 90 percent average follow-up rate across all vascular registries in which the center participates

Physician attendance at regional quality group semi-annual meetings:

(Average of two semi-annual meetings attendance)

- 1 Point: One physician attends
- 2 Points: Two physicians attend
- 3 Points: Three or more physicians attend

(Note: Adjustments will be made for centers with a limited numbers of physicians on staff.)

Number of vascular registries in which the center participates:

- 0 Points: Participates in one registry
- 1 Point: Participates in two to four registries
- 2 Points: Participates in five to eight registries
- 3 Points: Participates in nine or more registries

Stars will be awarded based on obtaining these points:

- 1 Star: At least three points
- 2 Stars: At least five points
- 3 Stars: At least seven points

Improving Smoking Cessation at Time of Procedure Follow-up

A VQI physician-specific report sent in July focused on patient smoking cessation rates after CAS, CEA, INFRA, SUPRA, OAAA, EVAR, TEVAR, PVI or Lower Extremity Amputation in 2011-2014. This analysis included only patients who smoked preoperatively and for whom follow-up smoking status was known.

Helping patients with arterial disease quit smoking is a vital part of a vascular physician's job. Data suggest that there is a "teachable moment" around the time of arterial interventions when patients may be more receptive to advice about smoking cessation.

[Click here for a sample Physician Report on Smoking Cessation](#)

Further, there are established best practices, such as prescription of nicotine replacement or referral to smoking cessation groups, which have been shown to improve the rate of smoking cessation. This report detailed the number of current smokers treated for arterial disease in recent years, as well as the number who quit smoking at the time of reported follow-up. The report also provided benchmarks for each physician to compare his or her performance to peers, both regionally and nationally.

More information about the optimal methods to assist patients with smoking cessation is available [here](#).

Reducing LOS after Infrainguinal Bypass by Leveraging Key Drivers

The Center Opportunity Profile for Improvement (COPI) report for Infrainguinal Bypass Length of Stay provides new insights into best practice. Based on data since 2011, 22 percent of patients undergoing Infrainguinal Bypass in VQI had LOS > seven days. Patient characteristics such as moderate to severe preoperative congestive heart failure and postoperative complications such as infection and need for reoperation were key factors increasing LOS for this population of patients in VQI.

[Click here for a sample report with analysis, recommendations](#)

Analyzing VQI Patient Data Quickly and Easily

In early 2016, new analytical capabilities will be added for VQI on the M2S PATHWAYS platform – the Drill Down feature allows physicians and data managers to easily identify the patients who contribute to an identified cohort, such as those with stroke after CEA, and then easily examine the individual patient procedure detail. Ask for a demo from the VQI Account Team on vqi@m2s.com.

Projects, Publications and Presentations

[Click here for a list of current VQI quality research projects](#)

[Click here for a list of publications based on VQI data](#)

[Click here for a list of presentations based on VQI data](#)

Latest VQI participation and volume statistics

[Click here](#) for the current volumes for specific VQI Registries.

[Click here](#) for the list of VQI Participating Facilities.

Number of procedures in all VQI Registries	250,925
Total VQI Sites	363
Number of procedures added (Sept)	7,649
Total Regional Quality Groups	17
Recent Regional Group Changes	<ul style="list-style-type: none">• Kansas and Nebraska added to Mid-America Vascular Study Group• FL/GA/MI Vascular Study Group renamed to Southeastern Vascular Study Group and incorporate Alabama• Chesapeake Vascular Study Group to merge with Mid-Atlantic Vascular

	<p>Study Group</p> <ul style="list-style-type: none"> • Tennessee Vascular Study Group renamed to Mid-South Vascular Study Group
New Members (as of October)	<ul style="list-style-type: none"> • Athens Regional Medical Center (Southeastern) • Baton Rouge General Medical Center (SoVoNet) • Carolinas Healthcare – Pineville (Carolinas) • Dignity Health/Sequoia Hospital (N. California) • Duke University Health System (Carolinas) • Mercy Hospital Springfield (Mid-America) • Practice of Dr. James Gardner (Mid-South) • Providence Health System (Multi-region) • Sentara Northern Virginia (Virginias) • St. Anthony's Medical Center (Rocky Mountain) • Tift Regional Medical Center (Upper Midwest) • University of Arkansas Medical Sciences (SoVoNet) • University of Texas MD Anderson Center (SoVoNet) • Wright State Physicians Group (Midwest)

If you would like to know more about any of our recent activities or have suggestions on other topics, please email communications@svsvqi.org.

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