

Improving EVAR Patient Compliance Utilizing VQI for Long Term Follow Up

Ali Arak, BS, Fern Schwartz, BS, Jason Wagner, MD,MS, Theodore Yuo, MD, Michel Makaroun, MD, Michael Singh, MD, Mohammad Eslami, MD;
UPP Vascular Surgery, University of Pittsburgh Medical Center (UPMC)

OBJECTIVES

- ❖ Create a streamlined process that incorporates VQI data and tool sets to improve EVAR follow up compliance
- ❖ Improve quality of patient care for EVAR patients

ABSTRACT

Lifelong surveillance after endovascular aneurysm repair (EVAR) is necessary to identify delayed post-surgical complications and/or aneurysmal degeneration of untreated aorta. Up to 50% of EVAR patients are lost to long term follow-up (LTFU). Strategies to improve compliance with follow-up are essential for good long term outcomes. Our team utilizes the VQI database as a resource to facilitate patient compliance to improve EVAR LTFU rate. To accomplish this goal, an assembly line model was created to more efficiently contact patients who may be otherwise lost to follow up. Implementing VQI and the assembly line method has produced a 100 percent compliance rate in 2015 for long term EVAR follow ups. In comparison, the Great Lakes region and overall VQI achieved 75 percent and 70 percent EVAR follow up rate respectively. At our center, ninety six percent of eligible EVAR patients had imaging performed and were seen in the outpatient clinic. The remaining four percent completed a phone follow up. The assembly line approach to data entry and follow-up scheduling maximizes data capture and minimizes patient loss to follow-up.

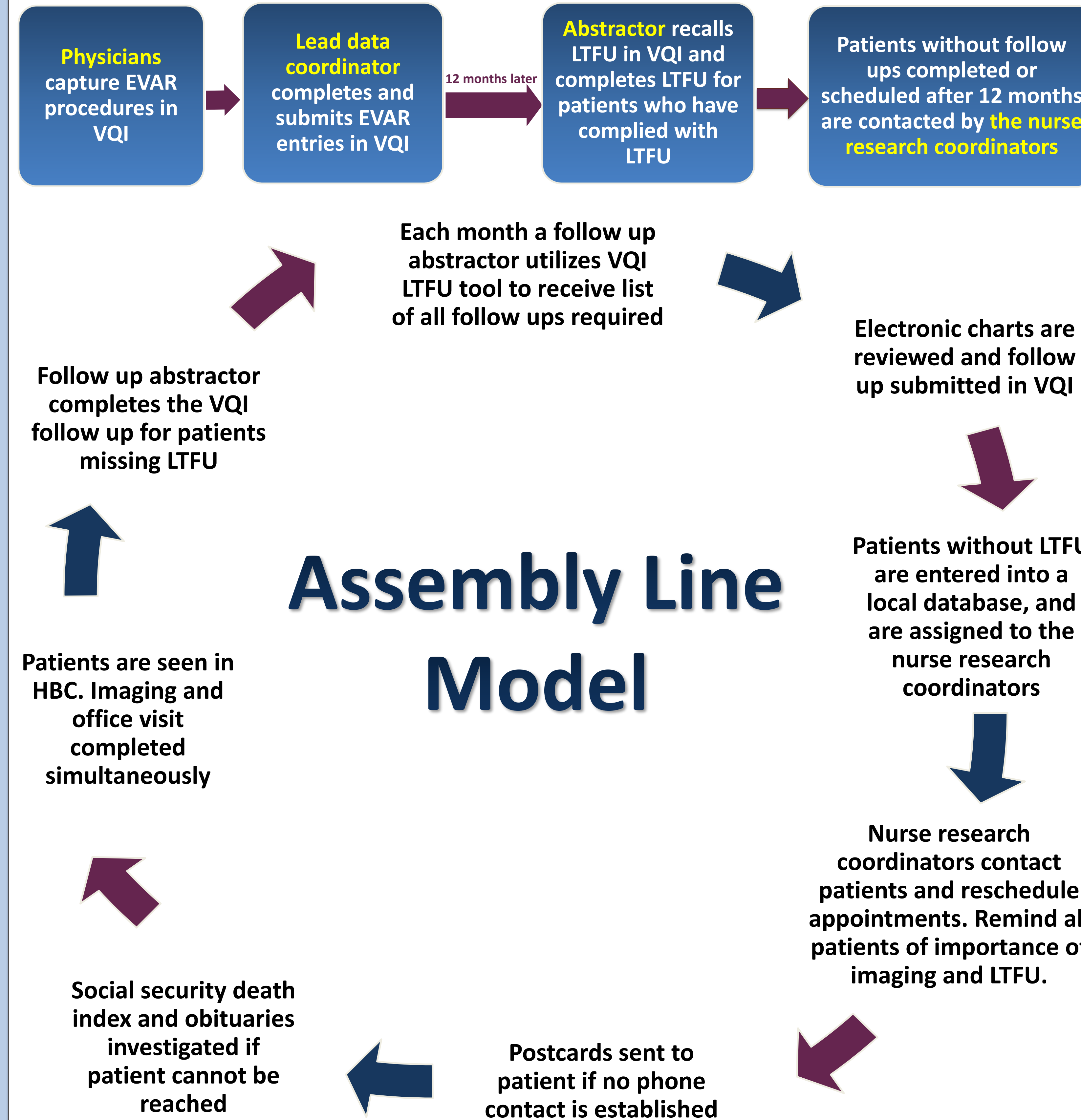
PROBLEM STATEMENT/ BACKGROUND

- ❖ LTFU is defined by VQI as patient contact 1 year after the procedure
 - Captured between 9-21 months
- ❖ Prior to VQI implementation, our center achieved a low EVAR LTFU rate (74%)
- ❖ A low EVAR LTFU rate may affect patient care making patients susceptible to:
 - Device failure, endoleaks, remote aneurysm formation, or aneurysm sac expansion including remote rupture

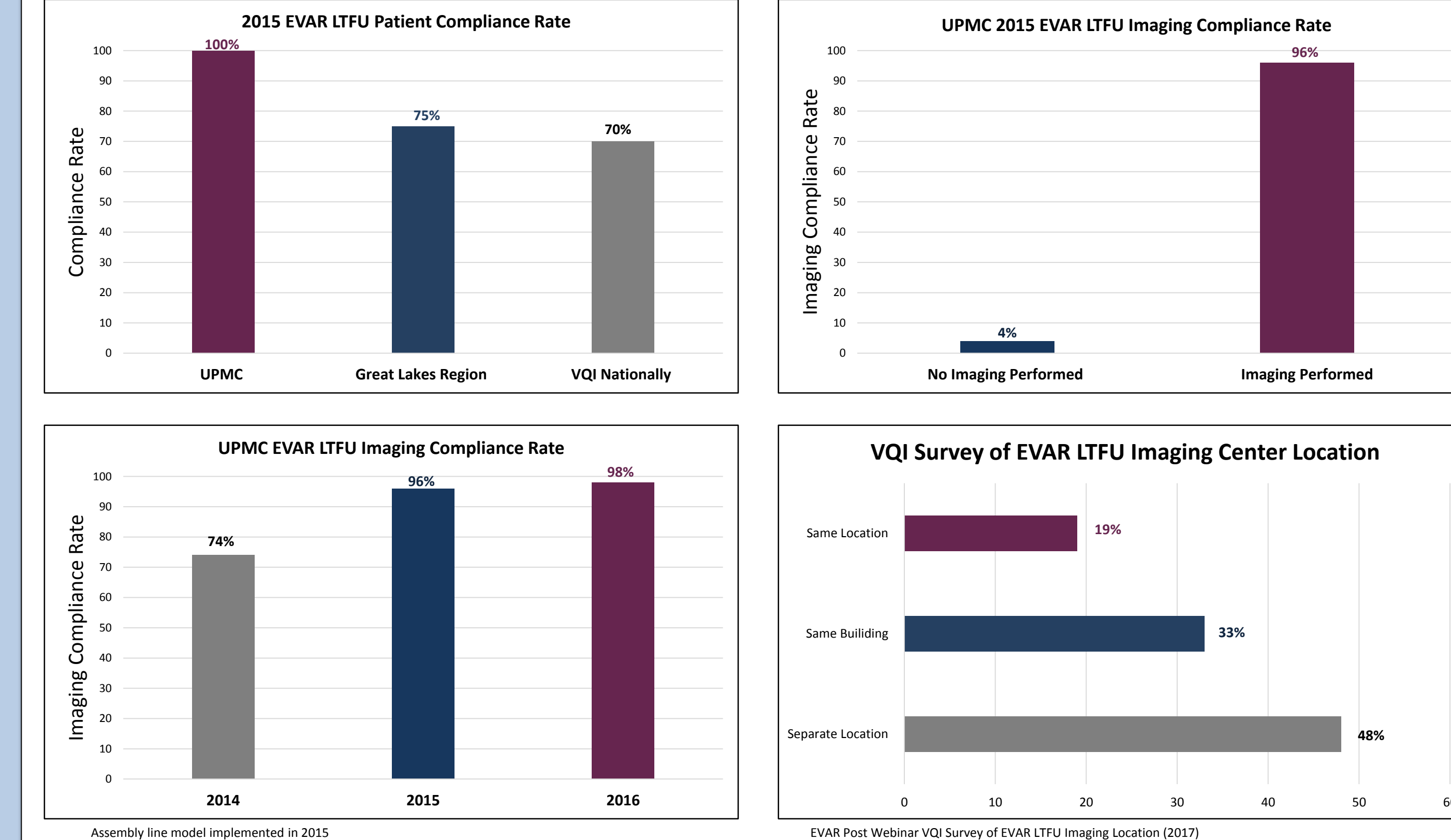
IMPROVEMENT STRATEGY

- ❖ Create an “assembly line” model to efficiently manage data and:
 - Simplify follow up effort
 - Increase EVAR LTFU compliance
 - Define distinct team member goals and responsibilities

PROCESS



RESULTS



CHALLENGES/ LESSONS LEARNED

- ❖ Migration of patients between healthcare systems within the city
- ❖ Insurance market restrictions making follow-up costly for patients
- ❖ Relocation of patients to other states or countries
- ❖ Comorbidities of patients
- ❖ Transportation and monetary conflicts

CONCLUSIONS/ SUCCESS FACTORS

- ❖ Design of Clinic
 - Imaging performed during office visit before seeing a physician (19% of surveyed clinics have capability)
- ❖ Proper allocation of personnel and resources
- ❖ Aggressive patient education and re-education
- ❖ Department culture instilled into patients:
 - “Once you become an EVAR patient, you are a vascular patient for life”
- ❖ Assembly line model has:
 - Produced 100% LTFU rate in 2015 (First year implemented)
 - Increased EVAR patient imaging rate from 96% in 2015 to 98% in 2016
 - Increased work flow efficiency by quality team