



Vascular Quality Initiative®

Newsletter

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MESSAGE FROM THE SVS PRESIDENT

The Society for Vascular Surgery® is very encouraged by the high level of interest that has developed for the Vascular Quality Initiative®. This Initiative positions SVS as a leader in quality improvement by providing a common platform for physicians to analyze outcomes, reinforce best practices, and share quality improvement efforts regionally, nationally, and

internationally. As the number of participating centers grows, so will the network of regional quality improvement groups, which are a key component of VQI. These regional groups provide local traction to change practice, improve outcomes, and reduce costs. Continued expansion of VQI will increase the value of benchmarking and rapidly accumulate data that can be used

for quality research. As more stakeholders request data about quality, VQI provides SVS members with risk-adjusted, standardized metrics that are more accurate than many measures currently in place. We encourage all SVS members to join this important initiative.

- Richard P. Cambria, MD

SVS PSO PROGRESS REPORT

The SVS Patient Safety Organization® was accredited by AHRQ in February, 2009, and already has more than 100 participating hospitals (page 2). The organization's structure and bylaws are established, with a Governing Council and Quality Committee in place (page 4). Participating sites are organizing regional quality groups, based on the model developed by the Vascular Study Group of New England. What differentiates the SVS PSO from other registries is that a distributed network of regional quality groups promotes local ownership of QI projects through regional meetings, while still leveraging the analytic power of a national database.

Since most institutions have not participated in a PSO, and data security concerns are high, it often takes several months during the SVS PSO contracting phase for hospital administrators, safety officers, and attorneys to become comfortable with the protection provided by a PSO. Based on the number of contracts out for review, we expect many new hospitals to join the SVS PSO this year. Further, for

physician groups who work in multiple hospitals, a mechanism is in place for them to join the SVS PSO, independent of the hospitals, if that is more efficient.

Current projects include updating the quality reporting structure of the SVS PSO, with more risk-adjusted benchmarks and more detailed data analysis. A primary amputation module is being added to complement existing surgical and interventional modules for critical limb ischemia. During the next year we plan to incorporate cost analysis into SVS PSO, to provide better data about the value, as well as the quality of care. We will also work with sites to begin direct data entry from the electronic medical record, in order to increase the efficiency of data collection. The Quality Committee of the PSO intends to initiate inter-regional analyses this year, and to oversee development of evidence-based practice guidelines. Finally, SVS is having discussions with other societies, the FDA, and industry about their potential involvement as a stakeholder in the quality process.

- Jack L. Cronenwett, MD
Medical Director

Regional Meeting Schedule

Florida Vascular Study Group:
October 27, University of
Florida College of Medicine,
Gainesville, FL; *Dr. Adam Beck*

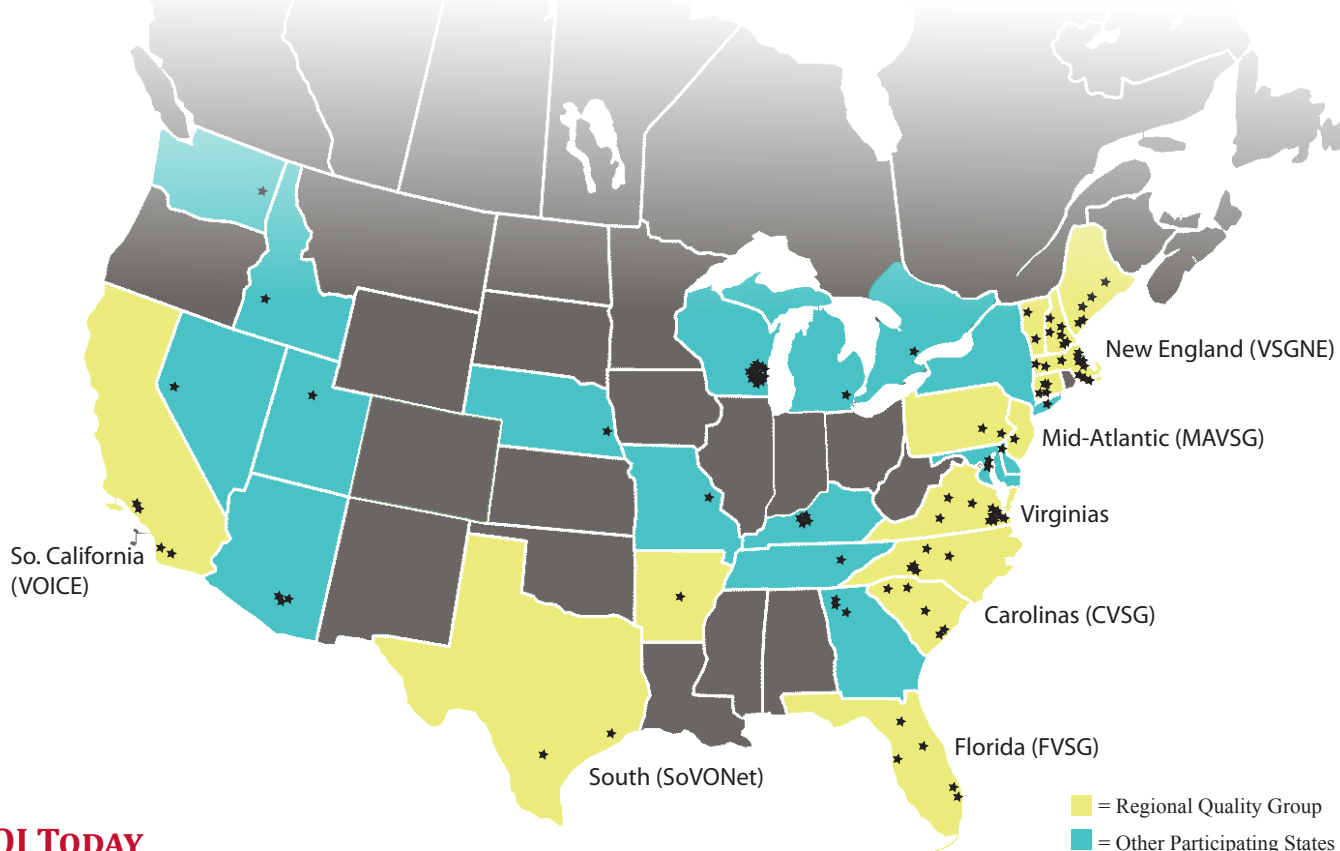
Carolinas Vascular Study
Group: November 4, Roper
St. Francis, Charleston, SC;
Dr. Jeb Hallett

Vascular Study Group of New
England: November 7, Maine
Medical Center, Portland, ME;
Dr. Jens Jorgensen

Southern California: January
2012; *Dr. Fred Weaver*

Southern Vascular Outcomes
Network: March 8, 2012,
Hotel Zaza, Houston, TX;
Dr. Mark Davies

*Illinois held an exploratory
regional group meeting on
October 8, 2011 at Central
DuPage Hospital*

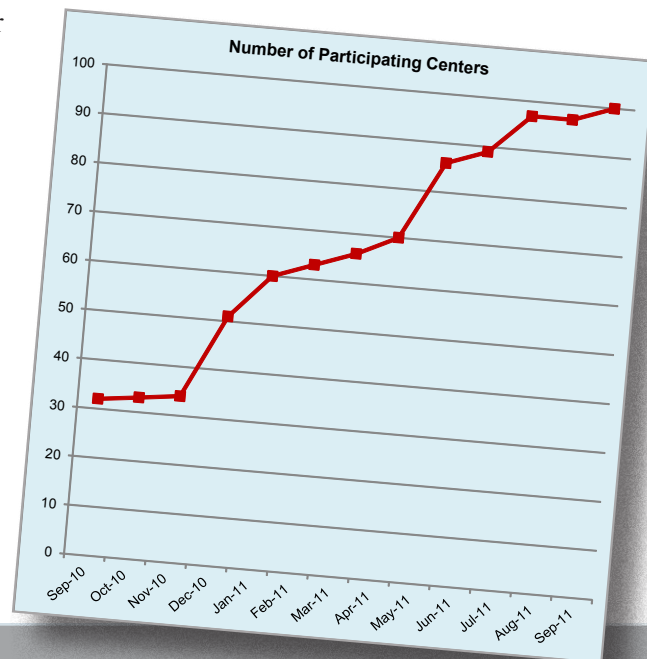


VQI TODAY

The Vascular Quality Initiative has experienced exponential growth over the last year. Today there are:

- 100 participating centers across the United States and Canada (which includes 29 states)
- More than 30,000 procedures entered into the database, with ~2,000 procedures entered monthly
- 7 formed regional quality groups with many others organizing
- 9 procedure modules and associated outcome and complication reports for data collection

Available procedure modules: carotid artery stent, carotid endarterectomy, endo and open AAA repair, infra- and supra-inguinal bypass, hemodialysis access, peripheral vascular intervention, and thoracic and complex EVAR



JOIN US AT THE VEITH SYMPOSIUM

VQI International Participation

Date: Friday, November 18
 Time: 10:00am
 Room: Hudson Suite, 4th Floor
 Hilton New York

VQI Update and Regional Group Discussion

Date: Friday, November 18
 Time: 2:00pm
 Room: Hudson Suite, 4th Floor
 Hilton New York

*Unable to attend an information session?
 Attend one of our weekly webinars held
 Wednesdays at 12:00pm EST to learn more*

www.m2s.com/pathwayswebinar

M2S DATABASE UPDATES

Clinical Data Pathways, powered by M2S, is the registry utilized by the Vascular Quality Initiative for data entry and report generation. Pathways provides real-time benchmarked reports of performance measures, major outcomes, and complications to allow participants to assess quality of care and determine best practices in vascular surgery. M2S continuously updates Clinical Data Pathways, adding new functionality as well as increasing usability.

▶ Recent expansions of VQI functionality include:

- Thoracic & Complex EVAR module released April 2011
- Hemodialysis Access module, released July 2011
- Inclusion of Social Security Death Index data in each customer's data download, released October 2011
- Secure File Sharing, released October 2011

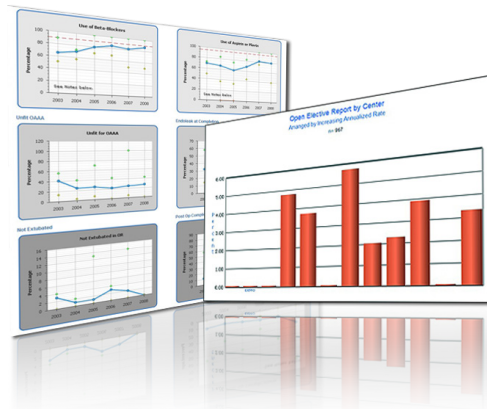
▶ Future releases to Clinical Data Pathways will include:

- An Amputation module
- Enhanced reporting capabilities

To start collecting data on the recently added procedure modules, contact M2S at vqi@m2s.com or (603) 298-5509.

▶ Upcoming Events

- 2011 Physician Quality Reporting System (PQRS) preparations are in full swing at M2S. In January 2012, M2S will request billing data for all Medicare Part B billed patients. Submission for PQRS data will take place in March 2012. Keep an eye out for further details about participation and submission process requirements coming soon.
- SVS PSO will be conducting an audit of 2010 VQI data beginning in January 2012 using claims data.



WHAT IS PQRS?

The Physician Quality Reporting System (PQRS), funded through the Centers for Medicare and Medicaid Services (CMS) was created in 2006 to provide physicians with a financial incentive for engaging in outcomes reporting. Eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare Part B beneficiaries will qualify for an incentive payment of up to 1% of total Medicare Part B Physician Fee Schedule allowed charges during the reporting period. Through PQRS, CMS hopes to engage physicians in expanding quality reporting to improve the overall quality of patient care.

As a CMS-approved PQRS registry vendor, M2S can collect your data, audit your claims, and submit your PQRS report. To participate, physicians must report on 80% of patients that meet measure criteria for at least three quality measures. Past submissions by M2S have resulted in reimbursement of \$3,500 to \$8,000 per participating physician. To learn more about the potential return your center could earn through PQRS, contact M2S at vqi@m2s.com.

DATA MANAGERS CORNER

FAQs from the Data Managers

Procedure: All
Tab: Demographics
Field: Stress Test

Q: For pre-operative testing such as stress test, how far back, prior to the procedure being recorded, is an acceptable test to record?

A: For stress test, use the most recent stress test that falls within 2 years prior to surgery.

Procedure: Peripheral Vascular Intervention
Tab: Procedure Details
Field: Length of Area Treated

Q: Are stenosis and occlusion interchangeable? Are we attempting to capture how diseased the artery was, or how much of the artery was treated - e.g., if there is a 2cm occlusion, then a separate 4cm stenotic area, and both are treated with balloon angioplasty?

A: For each specific artery that was treated, you are asked to provide the number of discrete, non-overlapping lesions treated in the specified artery. If more than one discrete lesion is treated in a specific artery, add the lengths of each treated segment to derive Total Treated Length. Lesion length should be measured with a marker catheter or overlying ruler. Occlusion length refers to the segment of artery that is totally occluded (i.e., not just stenotic). In the example, number of lesions treated = 2, occlusion length = 2, and total treatment length = 6.

Procedure: Infra-Inguinal Bypass
Tab: Post-op
Field: Wound Infection

Q: If the patient was readmitted within 30 days with a wound infection related to the procedure that produced positive cultures, should we capture this on the original admission form or when we conduct a follow-up?

A: Infections that occur after the patient was discharged should be indicated on the infra-inguinal follow-up forms.

Next Data Management Webinar

Carrie Bosela, Administrative Director for the SVS PSO will cover the Carotid Endarterectomy procedure form next month. More details will follow in the coming weeks.

Acknowledgement

To Lori Bennett of the Carolinas Vascular Study Group for hosting their first regional data manager teleconference in October!

WHAT IS A PATIENT SAFETY ORGANIZATION

The Department of Health and Human Services instituted the Patient Safety and Quality Act of 2005 to encourage healthcare providers to share outcome and patient safety data without fear of legal discovery. The Final Rule of this Act, which went into effect in November 2008, established an implementation mechanism known as a Patient Safety Organization (PSO), through which the objectives of the Patient Safety Act could be achieved. The Agency of Healthcare Research and Quality (AHRQ) was appointed to administer the provisions of the Patient Safety Act and oversee the approval and operations of PSOs.

The importance of the Patient Safety Act for providers and hospitals is that it protects patient safety work products (PSWP) generated by the PSO from legal discovery in state and federal court. PSWP includes outcome analyses, benchmarked reports, and other aggregated information. This can be used for quality improvement but not for punitive action against a provider. It also allows patient identifiers to be collected, without specific IRB or patient approval. This allows the PSO to match patients with the Social Security Death Index or claims data to evaluate long-term effectiveness of procedures in terms of mortality or late complications. The identity of patients, hospitals and providers cannot be disclosed by a PSO, although non-identifiable data can be published for quality research, adhering to both PSO and HIPAA requirements. SVS believes that the PSO construct is perfectly suited to the Vascular Quality Initiative, and provides substantially more security and protection than most registries.

VQI COMMITTEES

Governing Council

Richard Cambria, MD, Chair
Anton Sidawy, MD, Vice Chair
Adam Beck, MD, Florida Region
Mark Davies, MD, South Region
Jeb Hallett, MD, Carolinas Region
Jens Jorgensen, MD, New England Region
Afshin Michael Molkara, MD, SVS Member
Louis Nguyen, MD, SVS Member
Michael Stoner, MD, SVS Member
Gilbert Upchurch, MD, Virginias Region
Fred Weaver, MD, Southern California Region
Jack Cronenwett, MD, Ex Officio
Rebecca Maron, SVS Staff Liaison
Carrie Bosela, PSO Administrative Director

Quality Committee

Larry Kraiss, MD, Chair
Philip Goodney, MD
Jeb Hallett, MD
Greg Landry, MD
Andres Schanzer, MD
Marc Schermerhorn, MD
Regional Representatives TBD
Jack Cronenwett, MD, Ex Officio
Carrie Bosela, PSO Administrative Director

For questions about the SVS PSO and regional group formation, contact Carrie Bosela at c.bosela@svspsso.org

For a demonstration of the database and to join VQI, contact M2S at vqi@m2s.com or (603) 298-5509

www.vascularqualityinitiative.org