Best Practice Case Studies

Improving Physician Performance with VQI Data: Transparency PLUS Execution

Carolinas Vascular Quality Group

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Nothing other than that I love living in the Carolinas
High performance. Delivered.
Discuss the difference between identifying best practice AND actually delivering it!

Offer three brief examples: practice group, regional group, and personal journey
You cannot just *identify* high performance (quality), you actually have to *deliver* it.....and even more to *sustain* it
TWO FACTS ABOUT THE VASCULAR QUALITY INITIATIVE
FIRST, THE GOOD NEWS!!!
Participating Center Growth

VQI Participating Centers

376 Centers, 45 States + Ontario
17 Regional Quality Groups

- Pacific NW Vascular Study Group
- Mid-America Vascular Study Group
- Midwest Vascular Collaborative
- Upper MidWest Vascular Network
- Michigan Vascular Study Group
- Great Lakes Vascular Study Group
- Vascular Study Group of New England
- Mid-Atlantic Vascular Study Group
- Virginias Vascular Study Group
- Carolinas Vascular Quality Group
- MidSouth Vascular Study Group

Northern California Vascular Study Group
Northern California Vascular Outcomes Improvement Collaborative
Rocky Mountain Vascular Quality Initiative
Southern Vascular Outcomes Network
Southeastern Vascular Study Group
AK
HI
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedures Captured</th>
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<tbody>
<tr>
<td>Total Procedures Captured (as of 3/1/2016)</td>
<td>278,080</td>
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<tr>
<td>Peripheral Vascular Intervention</td>
<td>87,659</td>
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<tr>
<td>Carotid Endarterectomy</td>
<td>64,285</td>
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<tr>
<td>Infra-Inguinal Bypass</td>
<td>29,113</td>
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<td>Endovascular AAA Repair</td>
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<td>Hemodialysis Access</td>
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<td>Carotid Artery Stent</td>
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<td>Supra-Inguinal Bypass</td>
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<td>Open AAA Repair</td>
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<td>Thoracic and Complex EVAR</td>
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<td>IVC Filter</td>
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<td>Lower Extremity Amputations</td>
<td>4,858</td>
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<tr>
<td>Varicose Vein</td>
<td>3,456</td>
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![VQI Total Procedure Volume Graph](image)
FIRST, THE GOOD NEWS!!!
WE HAVE IDENTIFIED
“BEST PRACTICES”
Embrace Failure!

THE BAD NEWS: SO FAR, WE ARE NOT DELIVERING “BEST PRACTICE”
An Example: a Regional Problem

Percent of Patients with Length of Stay > 1 day after Elective Carotid Endarterectomy (post-procedure to discharge) 2011-2013

VQI Centers

Observed

Expected

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

VQI Annual Meeting VQI@VAM

13
Spending per Medicare Patient per year
The VQI Vision....

Deliver to **every** patient at **every site** in the hands of **every provider** the same high quality of care
Challenges to Change

- Stagnant, happy culture
- Lack of urgency
- Lack of leadership
- Money to change
- Personal resistance
The biggest challenge to change may NOT be any of these factors but failure to actually understand how to deliver better outcomes.
How VQI Supports Improvements in Vascular Care

- Is there a problem?
- What data reliably defines the problem?
- Who does NOT have the problem (best practice)?
- Who can team up to solve the problem?
- What explicit steps should start the solution?
- How will you track progress – when will you look again?
Coming soon to you!!!

Vascular Quality Initiative®

SVS PSO QI Project Guide

June 2016
Example: Local Change

“Do we really have time for quality improvement?”
Unexpected Return to OR after CEA

- 2005: 4%
- 2006: 4%
- 2007: 2%
- 2008: 6%
- 2009: ?
Improving the Problem

**Problem:** Increased number of neck hematomas/CEA thrombotic events requiring reoperation

*Let’s look at our “Best Practice” Surgeon(s):*

1. Check heparin effect with ACT >200
2. **Reverse heparin with protamine**
3. Drain the wound (Return to OR if > 80 ml/hour per two hours)
Outcomes Improved !!!

Year | Result
--- | ---
2005 | 4%
2006 | 2%
2007 | 6%
2008 | 1%
2009 |
An Example: a Regional Problem

Percent of Patients with Length of Stay > 1 day after Elective Carotid Endarterectomy (post-procedure to discharge) 2011-2013

VQI Centers
A Best Practice in the Region

CEA: ALOS - Comparative 2005-1Q09
RH Vascular Study Database

50% reduction in five years
What had they done?

- Give the patient (and family) an explicit message that routine CEAs discharge by noon the first post-op day
- No Foley Catheters (Preop IV Antibiotics and Preop Pee)
- Judicious intraop IV fluids
- No Routine ICU (four-hour recovery area)
Carotid Endarterectomy
Percentage of Patients with Length of Stay > 1 Day
2015, elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in hospital death with LOS<= 1 day, procedures done on weekends or not done on admission day

Time for transparency!!!
An Example: personal change

CEA: RH 2005-1Q09 Pre-Op Medication Usage
The Vascular Study Databases

- Posology
- Cy06
- Cy07
- Cy08
- 1Q09 (Jan-Mar)
Play every point!!

• Check every patient’s EMR
• Ask every patient IF they are taking their statin
• Refill the Rx for statin
• IF NOT on statin, why?
• Explain three benefits
• Start a statin
Play every point over and over again!!

That was Then!!

This is Now???

Continuous Improvement

Act | Plan
---|---
Check | Do

Quality Improvement

Consolidation through Standardization

Standard
Three Key Takeaways

- Improving quality is NOT only data transparency but also **active processes** to change delivery of the outcome
- The same principles of change apply to practices, regions and individuals like you
- The new SVS VQI Guidelines should be advance your skills