Vascular Center of Excellence
From the Drawing Board to Reality

Paul Armstrong, DO
Assistant Professor of Surgery
Division of Vascular and Endovascular Surgery
University of South Florida School of Medicine
Tampa Florida
8.5 million persons PAD (up to 20% >60 yr)

AAA 15 leading cause of death

ESRD increases 5% / yr (14% of U.S population)

Annual risk of stroke is 2-5 % for severe ASX carotid

Baby Boomers

- Fast-growing population demographic
- History of poor risk factor modification at younger age
- African Americans and age > 50 are vulnerable to PAD
- Tech Savvy, interested in access to good health care practices
What is Excellence in Healthcare?

What are the rules?  
Who’s keeping score?  
Does everyone get a trophy?
Hospital Value

- Public awareness
- Structured care
  - evidence based practice
  - multidisciplinary practice
- Recruiting tool
- Support research and education
- Provides opportunity for QA / QI
  - emphasis on outcomes
  - review patterns of care
  - identify areas for future improvement
- Improves patient safety

Reimbursement
Vascular Center of Excellence

Value to Payers

- Shows the Facility is providing highest level possible care.
- Provides information for internal review of health services
- Improves compliance with regional/national guidelines
- Demonstrates commitment to quality
  - Establish competence of the Vascular Service Line
  - Optimize vascular clinical outcomes
  - Improve patient safety
Value to Patients

- Access to quality vascular providers
- Access to recommended vascular treatments
- Access to clinical research
- Encourages care decisions by patients and families
- Offers opportunity for community education
- Demonstrates hospital’s commitment to highest standard of care
Drawbacks to Success

- Lack of Executive Champion
- Market Competition
- Insufficient Infrastructure
- Hospital “Turf Wars”
Keys to Program Development

- Acquire executive leadership
- Identify regional physician champions
- Evaluate facility infrastructure
- Calculate capital needs
- Consider barriers to participation
- Develop a brand

Vascular Center of Excellence
Governance
Service Line Administrator
Senior Vascular Officer
Adopt Proven Practices
Implement Guidelines

Facility Infrastructure
Develop Vascular Units / Staffing
Continuous Self Improvement
Initiation Safety Protocols

Coordination of Services
Surgical & Endovascular Services
Anesthesia Services
Radiology & Imaging Services
Infection Control

Service Line Clinical Quality
Set and Measure Metrics
Develop QA/QI Programs

Post –Procedure Care
Team Monitoring
Tracking complications
Discharge planning

Program Preparation (steps to success)
Building the Vascular Service Line

Vascular Center of Excellence

Vascular Clinical Pathways

Risk Factors  Prevention  Diagnosis  Therapies  Surveillance

Technology and Infrastructure
“Expense of Excellence”

- **JACO $33,000 / 3 yrs** (60% first year, 20% /yr after)
  - Mock Surveys
  - Employee education
- **Healthcare Facilities Accreditation Program $25,000 / 3 yrs**
- **AHA $60,000 / 3 yrs**
  - does not include application cost in the 5 “cornerstone” programs
  - “Get with the Guidelines” (GWTG) (AMI registry) $6500/yr
  - 4 Modules $9300/yr; Program Software Additions $9747
- **VQI**
  - Initiation fee, Modules fees, salary line for data entry
  - Annual SVS patient safety organization (PSO) fee
  - Annual database subscription fee
Mission Statement

- Provide comprehensive vascular care in Georgia
  - well-organized vascular facilities and service lines
  - highly trained facility staffing with expertise in vascular care
  - lead by experienced vascular physician providers
- Emphasis on quality and outcomes
- Support research and education
- Improve patient safety
Pursue Service Line Quality

Demonstrate higher quality
- Better outcomes
- Transparency in care
- Less incidents / near misses
- Enhanced access to highly specialized vascular care

Improve the patient experience
- Seamless integration
- Less waiting
- Better understanding about vascular disease

Attract competent employees
- Become the employer of choice
- Develop employee buy in

Contain Cost
- Capacity to cure more with the same business plan / organization

If I were to start a Vascular Center of Excellence
Preach Collective Compensation

- Increases volume ➔ increased revenue
  - Medicare payments to a “Accredited Hospital” can be maintained due to appropriate patient status placement
- Improved performance of CMS Core Measures
  - Timely diagnosis and disposition
  - Provides relative information for internal review of health services
- Creates team approach
  - Integrates cross-departmental processes
  - Breaks down work-place silos
- Identifies facility service gaps
- Allows for evaluation and revision outdated business processes
Petition for Service Line Growth and Development

- Build new vascular infrastructure (e.g., Hybrid operating rooms)
- Develop regional training centers for healthcare professionals
- Provide CME for healthcare professionals
- Develop multi-disciplinary outpatient vascular clinic / imaging services
  - “one stop vascular shopping“
- Network vascular healthcare with city, county and state leadership
Look for Corporate-Technology Partnerships

Vendor Benefits

- Create healthcare value beyond medical devices
- Add new value elements to their business model
- Available to participation in high quality clinical research
- Long-term contract commitment to vendor technologies
- Access to medical providers and with specialty expertise
- Access for corporate training in an advanced health system
Certification

- Peripheral Artery Disease Accreditation
- Aortic Disease Accreditation
- Visceral Artery Disease Accreditation
- Cerebrovascular Disease Accreditation
- Vascular Access Accreditation
- Venous Disease Accreditation

Develop integrated vascular care pathways for the major vascular disciplines

Enhance access to highly specialized vascular care
Interested Hospital or Hospital Provider Identified

GVS sends program information / application

Hospital completes application

GVS Reviews Application

No
Hospital does not meet VCE program criteria and is encouraged to reapply at a future date.

Yes
GVS and Hospital develop Business Agreement

Hospital begins submitting Data to FVS Web based database or VQI Database

GFVS coordinates site visit within 6 months of preapproval and reevaluates site every 3 years thereafter.

Hospital granted provisional approval until completion of site visit

Hospital submits Program Fee

‘If I were to start a Vascular Center of Excellence’
Who Will Take the Lead?

Some infrastructure already in place
Sets national guidelines
Focus of national healthcare policy

Detailed understanding local, regional and state medical community
- familiar with individual institutional policy
- built successful practice models locally
- aware of state healthcare policy
- serve the state population

"Global" Vascular Expertise (?)
1st out of the gate

Academic and Educational Focus
Vascular Center of Excellence
From the Drawing Board to Reality

Paul Armstrong, DO
Assistant Professor of Surgery
Division of Vascular and Endovascular Surgery
University of South Florida School of Medicine
Tampa Florida