



## But.....Who Defines Quality and Value?

- We need to engage and define quality! By “we” I mean our professional organizations
- To do so SVS collaborated with ACS to put together a Vascular Verification Program (VVP) using the same structure the ACS have long been using for other established verification programs such as Trauma, Bariatric, Pediatric Surgery



## Four Guiding Principles to Structure a Verification Program

### Standards

- Backed by research and practice guidelines
- Individualized by patient

### Rigorous Data Collection

- From medical charts
- Backed by research
- Post-discharge tracking
- Registry (VQI)

### Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

### Verification Site Visit

- External peer-review
- Creates public assurance



## Basically it is

- Vascular surgeons-led program using trained and practiced vascular surgeons reviewers
- Supported by the experienced infrastructure and staff of the division of quality of the American College of Surgeons that created a finely tuned verification process



## Model of Vascular Verification Programs Based on Complexity & Location of Service

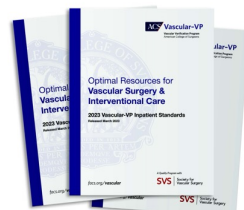
Anatomical Region	Method	Verification Level		
		Comprehensive Report	Verified Inspection	Verified Outpatient
Aortic Arch and Distal Brachiocephalic Vessels	Open	X		
Descending Thoracic Aorta	Open	X		
Visceral Aorta (Thoracoabdominal)	Open	X		
Visceral Aorta (EVAR, percutaneous, etc.)	Endo	X		
Brachiocephalic Vessels (Transthoracic, OCA, SCA)	Endo	X	X	
Descending Thoracic Aorta	Endo	X	X	
Visceral Vessels (hepatic, splenic, renal, SMA, etc.)	Open	X	X	
Visceral Vessels (hepatic, splenic, renal, SMA, etc.)	Endo	X	X	
Aorticiliac	Open	X	X	
Aorticiliac	Endo	X	X	X
Infrarenal Aortic	Open	X	X	
Infrarenal aortic	Endo	X	X	X
Upper Extremity Arterial	Open	X	X	
Upper Extremity Arterial	Endo	X	X	X
Carotid Vertebral	Open	X	X	
Carotid Vertebral	Endo	X	X	
Thrombotic Infusion	Endo	X	X	
Surgical Thrombectomy (arterial/venous)	Open	X	X	X
AV Access	Open	X	X	X
AV Access	Endo	X	X	X
Superficial Veins	Open	X	X	X
Superficial Veins	Endo	X	X	X
Deep Veins	Open	X	X	X
Deep Veins	Endo	X	X	X



## Vascular Verification Program

### ACS/SVS Standards

Download the Standards



## Components of Episode of Care

- I. Institutional administrative commitment (IAC)
- II. Program scope and governance (PSG)
- III. Facilities and equipment resources (FER)
- IV. Personnel and services resources (PSR)
- V. Patient care (PC)
- VI. Data systems and surveillance (DSS)
- VII. Quality improvement (QI)
- VIII. Education and community outreach (EDU)
- IX. Research basic and clinical trials (RES)



### IAC.1 Hospital Commitment

#### Definition and Requirements

All Levels


Hospital leaders demonstrate commitment through engaged leadership and financial resources to support the Vascular Program and ensure alignment with the hospital's strategic priorities.

There is top-level leadership commitment to quality and safety within the Vascular Program and appropriate allocation of resources through demonstration of the following:

- Resource allocation to and engagement with the Vascular Program
- Hospital-level leadership has established formal channels for effective communication to align with Vascular Program priorities
- Mechanisms for feedback from ongoing vascular initiatives and quality and safety issues to hospital-level leadership

#### Documentation

- Provide a letter from hospital leadership (for example, CEO or equivalent) demonstrating the commitment to the Vascular Program, which includes:
  - A high-level description of the Vascular Program, including program leadership, annual volume, procedure mix, and commitment and organization of multidisciplinary care services for vascular patients
  - Any initiatives involving the Vascular Program in the previous 12 months initiated for the purposes of ensuring quality and safety
  - Hospital leadership's involvement with the Vascular Program
  - Current and future commitment to and financial investment in the Vascular Program
  - The hospital's commitment to maintaining compliance with verification program standards
- Provide an organizational diagram showing the Vascular Program's relationships to other departments and internal governing bodies, specifically those that oversee patient safety, quality, and fiscal administration of the Vascular Program




### Completed Vascular Verification Program Virtual $\beta$ -Test Site Visits

- Inpatient Pilot Sites**
  - Albany Medical Center
  - BSW Heart Hospital Plano
  - UCSF Vascular Program
  - USC Keck Hospital
- Outpatient Pilot Sites**
  - Michigan Vascular Center
  - Albany Medical Center
  - Nashville Vascular and Vein Center
  - Total Vascular Care-Brooklyn, NY





### The Verification Process

- Pre-visit documents**
  - Virtual visit video of the center
  - Completing Pre-Review Questionnaire (PRQ) and attaching supporting documents as indicated in PRQ
  - Choosing 50-60 cases based on type of procedures, complications, surgeons/interventionalists... for the site reviewer to choose 10 from to discuss during the site visit
- The verification visit**
  - Meetings with the surgeon leader, nursing and staff, anesthesia, hospital leadership (CEO, COO, CMO, CNO...),... Along the five phases of care
  - Review of the selected cases with the surgical team
  - Summation of the visit
- Writing the report and providing it within 6-8 weeks**




### $\beta$ -Testing Phase

- Allowed the Steering Committee to use the information to refine the standards
- Single interventionalist OBLs find it difficult to perform peer-review (SVS is working on establishing a national peer-review Program)
- We learned that the outpatient standards need to be adjusted based on the unique outpatient environment, which delayed the launch of the outpatient program by six months




### Pre-Review Questionnaire (PRQ)

- PRQ goes through the standards and ask the center to provide information to show compliance with them
- Centers reported improvement in their processes just by preparing the PRQ for the visit
- Centers reported leverage for resources from the administration



### Training Reviewers

- Now that the program has launched there is a need to train a cadre of vascular surgeon reviewers
- This is being done by formal training sessions by ACS staff, the first was held on May 31, 2024 at ACS offices in Chicago



### Activities Since the Launch (Post- $\beta$ -Testing Phase)

- 4 hospitals have completed site visits since the end of summer
- 7 site visits are already scheduled in early 2025
- 40+ sites are in various stages of the application process
- The standards manuals have been downloaded over 2,250 times



### Conclusions

- Payment for physicians' services is moving from fee for service to payment for value and we need to define value. We can do so using this program.
- This is our opportunity to lead the process in providing high quality and efficient care for our patients and gain the governmental & public trust.

