The Evolution of Quality Improvement in Vascular Surgery

BY CHARLES B. ROSS, MD, FSVS; KAREN WOO, MD, DFSVS; WILLIAM P. ROBINSON MD, FSVS; PATRICK C. RYAN, MD, FSVS Note: This is an abstract of a complete article available online at vsweb.org/QualityEvolution.

Participation in quality improvement registries (QIRs) such as the Vascular Quality Initiative (VQI) has evolved to be a fundamental component of vascular surgical practice. QIRs play roles of varied importance in credentialing of individual surgeons, accreditation of programs and institutions, and reimbursement. When implemented properly, the value of participation in QIRs is indisputable for individual vascular surgeons, their hospitals and most importantly, their patients.

The Vascular Study Group of Northern New England (VSGNNE), the precursor to what is now the VQI, was formed in 2001. Eighteen years and hundreds of publications later, quality improvement through benchmarking and shared best-practices is a fundamental component of vascular surgical practice for those individuals and institutions who are a part of the VQI. The initiative now includes 12 registries tracking more than 10 index procedures across the spectrum of vascular care in more than 600 community, tertiary and academic hospitals.

This quality movement has affected all medical specialties. In 2017, the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (MACRA) established the Quality Payment Program (QPP). The QPP aims to shift Medicare from a fee-for-service to a “pay-for-performance” model. It directly ties quality to reimbursement by requiring Medicare providers to participate in a Merit-based Incentive Payment Systems (MIPS) or an Advanced Alternative Payment Models (APMs).

CMS estimates that between 95 and 98 percent of MIPS-eligible physicians participated in the QPP in 2017 and 2018. Satisfying participation requirements was initially very easy. In the first two years, MIPS participants could choose to report partial data and participate in process measures to satisfy the quality reporting requirement. The program has evolved toward required reporting of 12-month data with a focus on outcome measures rather than process measures.

Developing separately but in parallel with the changes occurring in the QPP is an SVS-American College of Surgeons initiative to verify quality in vascular centers. Anton Sidawy, MD, MPH, noted that “movement away from volume towards value is irreversible.” He added that it is incumbent on SVS to “proactively lead this movement. Vascular surgeons must participate and lead as quality vascular care is defined, – or others will define it for us.”

A key component of the Vascular Center Verification and Quality Improvement Program (VCVQ & I) will be a center’s use of an externally validated quality registry which will document compliance with processes associated with quality
care as well as documentation of short-term as well as one-year outcomes.

The SVS is proactively responding to the need for vascular surgical leadership as quality and value for vascular care are continuously refined. Participation in quality improvement registries is key to both. We challenge vascular surgeons in all practice settings to participate in quality improvement as a successful vascular practice may soon demand nothing less.

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