New Standing Council to Tackle Quality Issues

To coordinate quality issues throughout the Society for Vascular Surgery, the SVS has created a new standing council: the SVS Quality Council.

Through working together, and with the council acting somewhat as the “clearinghouse,” different committees won’t be duplicating efforts on quality issues, said Dr. Larry Kraiss, chair of the new council. “We won’t be working in silos,” he said.

The Board of Directors named members of the new council at its meeting in June.

The first task is a December meeting at which participants will take a look at whether — and how — the SVS should consider making statements on appropriateness. “A statement goes beyond our guidelines,” said Dr. Kraiss. “Ideally, these statements would spell out the type of care that is appropriate or inappropriate, depending on the issues and the circumstances.”

The issue has been percolating since Peter Lawrence’s presidential term; in January 2015 a story in the New York Times (“Medicare Bills Rise for Stents Put into Limbs”) highlighted high Medicare billing for procedures to relieve blockages in limbs, raising the question of whether the procedures were clinically appropriate. Top billers included cardiologists and a handful of vascular surgeons and radiologists.

In a letter back to the Times, Dr. Lawrence said, “This article shows how inappropriate care can harm a patient and greatly increase the cost of health care, while grossly enhancing the income of those who overuse procedures.”

But, said Dr. Kraiss, SVS didn’t “have a lot of hard documentation to fall back on. … we couldn’t turn around and point to a process or set of documents that would deem certain behaviors appropriate or inappropriate.”

The December meeting largely aims to design a process for determining when an appropriateness statement is needed and then guide the drafting and final approval of the statement. The final statement, said Dr. Kraiss, must be “based on robust evidence and have the backing of the Society and the membership.”

The hope is that the process can then be applied to specific clinical questions, which will lead to appropriateness statements. “We cannot contradict another statement, but all statements will be integrated and cohesive. We are designing a process that hopefully will be durable and can be used to generate statements far into the future,” said Dr. Kraiss.

The December meeting will include representatives from all the other councils involved in any way with
appropriateness. “We want to hear all voices and have a good, balanced discussion of the variety of issues that affect our members,” he said.

Dr. Kraiss emphasized the powerful tool available to SVS with its Patient Safety Organization Vascular Quality Initiative. “It’s a mechanism readily at hand to measure compliance and adherence and results. It’s a wonderful resource that can make our appropriateness process especially meaningful.”

The new council’s activities will eventually become financially important, Dr. Kraiss added. As appropriateness statements and their drafting mature, and as evidence-based care matures, “it’s going to be important to have statements in the public domain about vascular surgery,” he said. Third-party payers will begin to reference these statements when making coverage decisions.

“We want to be ahead of the curve a little bit by setting appropriateness standards instead of someone else doing it in place of the practitioners who know best.”

Council members include chairs and representatives of other quality based committees, including Yazan Duwayri, chair of the Alternative Payment Model (APM) Task Force; Brad Johnson, former chair, Quality and Performance Management Committee; Anton Sidawy, chair, Certification Task Force; Jeffrey Siracuse, chair of the new Appropriateness Committee (also created in June); Fred Weaver, chair, SVS PSO Governing Council; and Karen Woo, chair, Quality and Performance Management Committee. SVS President-Elect Kim Hodgson is liaison to the Board of Directors.

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