CHICAGO, Illinois, Aug. 1, 2017 – The Society for Vascular Surgery (SVS) executive board has established a task force to explore developing a vascular certification program for inpatient and outpatient centers.

Noting the shift in professional reimbursement from payment for volume to payment for quality, along with a surge in outpatient endovascular care, “The SVS executive board believes that it is a critical time for vascular surgery to set standards based on quality improvement, efficiency and appropriateness,” said Dr. R. Clement Darling III, SVS president.

Task force chair Dr. Tony Sidawy will oversee two subcommittees, one for inpatient and one for office-based endovascular centers (OBEC). Dr. Krishna Jain has been appointed chair of the OBEC subcommittee. A chair for the inpatient subcommittee has yet to be named.

“Vascular surgeons represented by the SVS should take the lead in defining quality and value standards for vascular care before they are defined for us,” said Dr. Sidawy.

“Offering an SVS-led certification process will inspire the most appropriate, high-quality vascular care and optimal outcomes for all patients,” Dr. Jain added.

Many SVS members are pioneers in the design and delivery of care in office-based practice settings, and they have been fierce advocates for this effort, said Dr. Darling. “We have heard our members loud and clear. They want SVS to play a major role in shaping the future of the office-based endovascular center, setting the bar for appropriateness and quality and helping all practitioners achieve it.

“We feel that to provide the best vascular care in a data-driven, quality-based system, the SVS needs to be actively involved in this process," he added. "Vascular surgeons have a long history of making data-driven decisions about which patients need an intervention, and since we treat patients medically as well as by endovascular or open techniques, we have a unique perspective."

A data registry is a critical component and will be provided by the SVS Patient Safety Organization and Vascular Quality Initiative (SVS VQI). VQI registries are already used in more than 430 vascular care settings, ranging from academic to community practice. VQI data can be used to benchmark performance and improve the quality of vascular care.
“Given that the SVS VQI has already been adopted by all types of facilities, including OBECs and vein centers, the SVS VQI is well positioned to help assess and improve quality of care,” said Dr. Jens Eldrup-Jorgensen, SVS PSO medical director.

The process will include discussions and potential collaboration with partners such as the American College of Surgeons, the Outpatient Endovascular and Interventional Society and the Intersociety Accreditation Council, Dr. Darling said, as well as societies such as the American Venous Forum, the Society for Vascular Ultrasound, and the Society for Vascular Nursing.

If established, a pilot program would be launched in 2018 with a full launch planned in 2019.

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