



A Vascular VISION: Improved Patient Care

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By Beth Bales

Call it a VISION for improving patient care by being able to see how specific hospitals or institutions perform in terms of long-term patient outcomes following endovascular aneurysm repair (EVAR).

VISION IS THE VASCULAR IMPLANT Surveillance and Interventional Outcomes Network. It is a partnership between the Society for Vascular Surgery (SVS) Patient Safety Organization's Vascular Quality Initiative (VQI) and Medical Device Epidemiology Network (MDEpiNet). The goal is to improve the safety and effectiveness of vascular care. MDEpiNet brings together public and private leaders, experts, and resources to advance a national patient-centered medical device and surveillance system.

VISION developed algorithms to allow VQI EVAR patients to be matched to five years of Medicare claims data. Claims linkage allows very complete follow-up on CMS patients (greater than 65 years of age, dialysis, etc.) and over time, often for many years. Subsequent reports provide five-year performance outcomes, including reintervention, survival, and imaging surveillance rates for each center and the VQI overall.

VQI collects demographic, clinical, procedural and outcomes data from more than 680 participating centers across 46 states and Canada, captured in 14 registries.

"This provides new and very valuable insights into the effectiveness of care for patients treated for aortic aneurysm," said Philip P. Goodney, MD, of Dartmouth Hitchcock Medical Center, principal investigator for VISION. "We now will be able to know, based on what surgeons decided to do, the survival and reintervention rates for each of their patients and for centers as a whole."

Centers will receive survival, reintervention and surveillance reports specific to their center—indicating how that center is doing compared to national benchmarks—with a goal of improving the quality of vascular care at the centers.

"The VQI believes that monitoring long term performance after EVAR is critical to the care of AAA patients. Providing feedback to members is an important step to improving the quality of care for patients with vascular disease," said VQI medical director Jens Eldrup-Jorgensen, MD. "By allowing each center to review its EVAR performance in relation to others, this data can be used to focus quality improvement initiatives across the VQI."

Goodney noted that long-term surveillance is vitally important information to have, but that it is also difficult to get for a variety of reasons, including that surveillance may have been performed at a different center than where treatment was received or due to lack of follow-up care.

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Currently, the matched data sets contain all VQI cases from Jan. 1, 2003 to Dec. 21, 2016. Of the nearly 30,500 cases eligible for matching, a total of 76% were able to be matched for the indexed procedure.

VISION's primary goal is to facilitate low-cost, high-value and real-world evidence research through the creation of a national repository of linked clinical-claims analytic datasets.

Secondary objectives are to measure the safety and effectiveness of vascular devices, including predictor derivation and comparative effectiveness; health disparities and outcomes; and the impact of medical practice guidelines and healthcare policies.

VQI-Medicare-derived outcomes in VISION that are available include death; procedure-specific adverse outcome such as stroke, aortic rupture, or amputation; reintervention; readmission; post procedure imaging; and cost. A reintervention is defined as any open or endovascular procedure following the initial procedure that is related to the durability of EVAR.

All patient confidentiality is carefully maintained in the matching of the claims and VQI data, Eldrup-Jorgensen emphasized. Use of the data is governed by a Data Use Agreement (DUA) between Weill Cornell Medical College and the Centers for Medicaid and Medicare Services (CMS).

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