

The Virginia Cardiac Services Quality Initiative

Statement of Purpose: Collaborating for Demonstrated Quality

The cardiology and cardiac surgery community in the Commonwealth of Virginia endorse the broadening of the Virginia Cardiac Surgery Quality Initiative's collaborative charge of continually improving performance standards, favorably impacting patient outcomes, and containing costs for cardiovascular disease treatment. This statement of purpose addresses a program intended to encompass *all* cardiac services in the Commonwealth.

Goals and Objectives: The Virginia Cardiac Services Quality Initiative (VCSQI) will continue the work of improving clinical quality in the state's cardiac surgery programs through outcomes analysis and process improvement and through the use of its clinical/financial database reduce costs through reduction in complications and reductions in unnecessary resource utilization. VCSQI will now include the cardiology community in state/local peer-to-peer efforts (a) to ensure fair and accurate reporting (b) to monitor and improve clinical and financial outcomes (c) to operationalize Appropriate Use Criteria (AUC) across a span of cardiology and cardiac surgery procedures. This broadened scope will exert a favorable influence on clinical outcomes and cost containment efforts by optimizing care delivery models.

Objective: Engage and Inform. VCSQI aspires to increase its sphere of influence among stakeholders throughout the Commonwealth's cardiac services community by engaging a broader segment of participants to include cardiology specialists.

Objective: Enhance Communications. VCSQI is positioned as a reliable statewide source of information. VCSQI will augment its state/local peer-to-peer interactions with more structured educational media and remote/online technologies.

Objective: Data Quality Assurance. VCSQI will continue to focus efforts on improving data integrity and accurate reporting of STS data in combination with Universal Billing (UB-04) charge data *and* the American College of Cardiology (ACC) National Cardiovascular Data Registry (NCDR).

Objective: Report and share best practices. Through the use of the clinical/financial database improve the quality of care for cardiology and cardiac surgery patients, reduce complications, reduce costs of care and better coordinate care across both specialties to improve efficiencies in cardiovascular care.

Objective: Improve Use of AUC. VCSQI will form and coordinate state/local, peer-to-peer review panels to monitor and optimize patient selection. An underlying data model will augment the review process with accurate benchmarks and AUC algorithms.

Model: Collaborating on quality involves combining effective communications with solid evidence translated into process-of-care changes. VCSQI will adopt the Heart Team Approach as a model to broaden its sphere of influence. This model will task state

and local teams to review patient medical conditions, determine feasible treatment options, and formulate reasonable treatment strategies. The teams will be situated within local provider organizations and in coordination externally with VCSQI. Participation includes the following elements:

Establish Internal/External Peer Review System – A process will be developed for sampling, scanning, and uploading pertinent films and records for blinded peer review and scoring. To achieve 95% confidence, 5% of Percutaneous Coronary Intervention (PCI) cases will be randomly selected from each site and sent to the Accreditation for Cardiovascular Excellence (ACE) or an equivalent external vendor for review. Each participant is responsible for local operations in coordination with VCSQI's statewide panel. Individual results of the review process will be shared with each institution, and the actions taken as a result of the reviews will be at the discretion of the institution. De-identified data will be presented on a statewide level to assess the overall level of agreement between imaging and treatment.

Benchmarking and Reporting – VCSQI will broaden its benchmarking function by defining new quality indicators, baseline data, and scorecards. Privacy and confidentiality will be maintained. Improved onsite feedback and documentation will contribute understanding to trends and variations.

Learning Organization Agenda – VCSQI will focus on improving outcomes through process of care changes and replication of best practices. Pilots or other 'proof-of-concept' steps may be used to gain buy-in. Engaging data managers is critical to ensure comparable, defensible metrics.

Communications, Meetings, and Outreach – The VCSQI network is a proven, recognized means for transmitting knowledge, building trust, and affecting organizational change. VCSQI will adopt web-based technologies to extend its reach and complement its in-person meeting format.

Growth Path – VCSQI under the direction of the VCACC/VCSQI Oversight Committee will use a peer-to-peer review process to operationalize AUC for PCI procedures. As capacity and effectiveness increase, the review model will be extended to CABG procedures, TAVR/SAVR, and post-operative events.

Information System: VCSQI will maintain its databases linking clinical factors with financials to monitor and drive quality improvements and reduce costs for cardiovascular care. Data and analytics will guide decision-making and improve our evidence base. Data from the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery database and the ACC NCDR will be submitted quarterly to a secure web-based system. Cardiac surgical and NCDR data will be mapped with financial data from standardized hospital files. An annual report, online report library, National Quality Forum (NQF) reporting, and internal rankings will be used to compare performance of member institutions. Reporting will include procedure volume, demographics, risk factors, complications, mortality, resource use, costs, and data quality checks.

Statewide Partnership: The approach being espoused by VCSQI is founded on vibrant working relations (a) among clinician colleagues and administration at the practice and hospital level, and (b) statewide with our body of collaborating organizations. VCSQI will coordinate and connect all of the Commonwealth's participating cardiac surgical and interventional cardiology providers following these precepts:

Effective Governance and Leadership – Participants' interests will be represented in an open and focused manner. Led initially by a Steering Group, VCSQI will reshape its governance structure, dues, and bylaws with broader participation among member provider organizations and practices. Its Demonstration Committee will be reactivated at a point during development.

Adequate Operational Capacity – Work plans, time lines, milestones, and funding will define VCSQI's course of action and operations. A Coordinator will facilitate development, foster discussion on key issues, help reach consensus, and solve problems.

Blended Mutual and Individual Priorities – Since every participant will have its own relative strengths and weaknesses, VCSQI will ensure that providers' priorities are addressed. A statewide Priority Matrix and Quality Improvement Prospectus will be drafted to coordinate our initiatives.

Summary: Participation in VCSQI will continue to be open, voluntary, and equitable. A means for setting priorities, synchronizing efforts, and managing data will be established with a broader group of stakeholders in the Heart Team Approach. Best practices and evidence-based guidelines will be researched and justified before adoption. Communications and programming among stakeholders will be enhanced. VCSQI will assume an expanded role promoting a culture of continuous quality improvement for the Commonwealth's entire cardiac services community. Take-up and accountability may vary, yet benefits will include lowered costs of care, enhanced clinical effectiveness, reduced regional variations, stronger therapeutic alliances, and improved patient satisfaction.