

## Frequently Asked Questions

### 1. What is the Vascular Quality Initiative (VQI)?

The Vascular Quality Initiative (VQI) includes two parts:

- a. A Patient Safety Organization (SVS PSO) that collects and analyzes patient data to improve the quality of vascular health care. Composed of regional quality groups, SVS PSO employs the successfully quality improvement methods developed by the Vascular Study Group of New England.
- b. A secure, web-based outcomes data collection tool, M2S's Clinical Data Pathways, which provides a common data collection format for the regional study groups. Clinical Data Pathways collects data on major vascular procedures and provides real-time reports on outcomes and processes of care.

### 2. What is the relationship between SVS and M2S Inc.?

SVS is the sole owner of the SVS Patient Safety Organization, LLC and controls all aspects of the PSO function, including the selection of PSO staff. M2S is the owner and service provider of the Clinical Data Pathways registry product that has been selected by SVS PSO as the data management services vendor.

### 3. What is a Patient Safety Organization (PSO) and what role does it play in the VQI?

VQI data analysis activities fall under the protection of the SVS Patient Safety Organization (SVS PSO), which provides an infrastructure for sharing and analyzing data. Patient safety organizations are approved by the federal Agency for Healthcare Research and Quality (AHRQ) for analyzing data for quality improvement purposes. Data analyses done under the auspices of a PSO allow the use of patient-identified data for quality improvement projects, without requiring IRB approval or specific patient consent. Further, such patient safety work product is protected from legal discovery in state or federal court. The purpose of the Patient Safety Act was to allow providers to honestly report outcomes without fear of reprisal for bad outcomes. Identified Patient Safety Work Product (PSWP) cannot be disclosed outside of the PSO. In February, 2011, SVS PSO was accredited by AHRQ.

### 4. Who runs the PSO?

Oversight for the SVS PSO is provided by a Governing Council that includes representatives from SVS and from regional study groups. The Governing Council sets policies for the SVS PSO; the SVS Board of Directors approves the SVS PSO budget and any major changes proposed by the Governing Council.

The SVS PSO also has a Research Advisory Committee that oversees and approves any research done with de-identified data from the PSO that involves multiple regions.

The Medical Director of the SVS PSO is Jack Cronenwett, M.D., with Carrie Bosela as the Administrative Director.

The Governing Council committee members can be viewed at <http://www.vascularweb.org/about/Pages/Vascular-Quality-Initiative.aspx>

The Research Advisory Committee members can be viewed at <http://www.vascularweb.org/about/Pages/Vascular-Quality-Initiative-Committees.aspx>

**5. Who can participate in the VQI?**

Any physician performing procedures included in the VQI can participate, as an individual, a physician group, or a hospital. Participation is not limited to the US and Canada; international participation is welcomed.

**6. What is the role of the regional study groups?**

Centers participating in the VQI are encouraged to form regional study groups as a way to improve the quality of vascular care by analyzing and reporting outcomes based on use of a common registry. Each regional study group that is approved by SVS PSO for participation has a Quality Committee under the umbrella of the SVS PSO to oversee the protected patient safety work performed on regional data.

Regional study groups have their own governing structure, usually including an executive committee and a research advisory committee to review and approve distribution of regional de-identified data for research.

Currently more than 85 centers in the United States and Canada participate in VQI. Regional groups have been established in New England, the Mid-Atlantic, the Carolinas, Florida, the South (SoVONet), and Southern California. Additional groups in varying stages of development are in Washington, D.C., the Virginias, Georgia, the Rocky Mountains, and Michigan.

SVS and M2S can assist with the formation of a regional group by identifying and recruiting interested institutions, providing informational materials and product demonstrations, and helping organize initial meetings. For more information on forming a regional group in your area, contact [c.bosela@svspsso.org](mailto:c.bosela@svspsso.org).

**7. Why is the VQI good for vascular surgery and SVS members?**

VQI positions the SVS as a leader in vascular outcomes tracking by providing a common platform for physicians to analyze outcomes, reinforce best practices and share quality improvement efforts regionally and nationally. VQI will provide an opportunity for long-term data collection that is critical to meaningful outcomes assessment of treatment options for vascular disease.

Individual physicians benefit by receiving individual benchmarked quality reports, and this activity is approved as meeting the requirements for Part IV of Maintenance of Certification by the American Board of Surgery. Also, the M2S database collects data to meet the requirements for the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS) and Carotid Artery Stent Facility Recertification.

**8. What are the plans for the SVS Vascular Registry?**

SVS will continue the SVS Vascular Registry for CEA and CAS during VQI implementation. Subsequently, all SVS Vascular Registry participants are encouraged to utilize the VQI database for their CEA and CAS data collection efforts.

For information about the current incentives for Vascular Registry participants to join VQI, contact [c.bosela@svspsso.org](mailto:c.bosela@svspsso.org).

**9. Can I have access to de-identified data for research, and if so, how do I gain access to the data?**

You must be participating in VQI to have access to de-identified data for research.

- If you want to access de-identified research data from participating centers within your regional group, you need to gain approval through your regional group research advisory committee of the SVS PSO.
- If you would like to do a cross-regional or national research project, you will need to gain approval through the research advisory committee of SVS PSO, and each regional group contributing data must approve the project and be represented on the study design and writing committee.

**10. Can I integrate with my EMR/Clinical System?**

For an additional fee, M2S provides integration of general and demographic information from your clinical system into the Clinical Data Pathways system. In the future, SVS PSO plans to work with EMR providers to encourage them to incorporate VQI data elements into the EMR so that all data could be transferred from the EMR to SVS PSO.

**11. How much does it cost to participate in VQI?**

The VQI registry includes several modules based on type of procedure. The cost to participate in VQI is determined by the number of modules selected and by the annual procedure volume. This approach is intended to encourage institutions of all sizes and practice profiles to participate. Pricing includes a one-time set-up fee, an annual data management subscription fee for M2S's data management services, and an annual fee to participate in the SVS PSO.

Some regional study groups may decide to charge a membership fee for participation in their regional group activities, such as semi-annual meetings and/or regional group research analyses.

**12. How does contracting work with SVS PSO and M2S?**

There are two contracts, one with the SVS PSO and one with M2S for the Clinical Data Pathways management services. All contracting is facilitated through M2S and both agreements are required in order to participate in VQI.

**13. How does contracting and pricing work for hospitals with more than one participating centers?**

There will be one contract per hospital or health system. Fees are calculated per institution's annual procedure volume regardless of whether the contract is with an individual institution or multi-center health system.