



University of Utah creates workflows to engage physicians at half the cost of a full- time employee



Q-Centrix Eliminates VQI Registry Case Backlogs

for Vascular Surgery Department and Eases Abstraction Burden for Surgeons and Staff

Background

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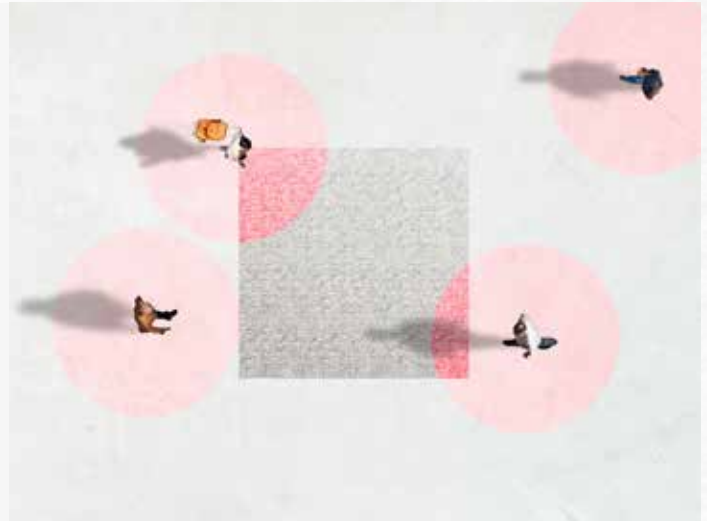
Dr. Larry Kraiss is Professor and Chief, Division of Vascular Surgery, for University of Utah Health Care and Chair of the Society for Vascular Surgery Patient Safety Organization (SVS PSO) Governing Council for the Vascular Quality Initiative® (VQI).

Vascular Quality Initiative® (VQI)

VQI is a collaborative of accredited regional quality groups governed by the SVS PSO. Its mission is to improve the quality, safety, effectiveness and cost of vascular health care by collecting and exchanging information. VQI provides an interactive clinical data platform, M2S PATHWAYS™, for its members to analyze outcomes, determine best practices, and collaborate with peers on improvement efforts. VQI centers have seen measurably lower lengths of stay and costs for vascular patients compared to national in-patient averages.¹

University of Utah Health Care

University of Utah Health Care in Salt Lake City is an academic health care system that includes four university hospitals



and more than 1,100 board-certified physicians. It consistently ranks among US News & World Report's Best Hospitals and has received the prestigious Quality Leadership Award from the University Health System Consortium for 6 consecutive years.

M2S PATHWAYS™

M2S provides technology and services to the healthcare industry to manage clinical information, reduce costs, and improve the quality of patient care. Its cloud-based M2S PATHWAYS platform provides VQI members with customized, real-time data capture and analysis for vascular procedures within health systems, hospitals, vein clinics and outpatient facilities.

¹ 1 HCUP/NIS database; VQI mean LOS 2014. Based on \$2,157 cost of stay in the 2013 AHA Annual Survey, Copyright 2015 by Health Forum, LLC, an affiliate of the American Hospital Association. Avg. annual VQI CEA volumes, 60; avg. VQI EVAR volumes, 30.

Challenge

The vascular surgery department for University of Utah Health Care is one of nearly 400 hospital and physician groups in the United States and Canada that participate in VQI registries. As a VQI member, the department is required to submit all its eligible cases on a timely basis. Various nurses and quality managers were responsible on a part-time basis for abstracting data from patients' medical records to enter into the VQI submission forms, which were then completed by the surgeons.

By February 2016, the department had a backlog of more than 40 cases, due primarily to the fact that the staff and surgeons couldn't find enough time to properly complete the comprehensive VQI forms. This prevented University of Utah Health Care from taking full advantage of its registry data, especially since the VQI information is embedded in its Quality Improvement program.

The Financial Risks and Rewards

Path to Success

Identifying problems

Dr. Kraiss and his team found it difficult to complete documentation for the VQI registry in a timely manner for several reasons, including:

- The various people assigned to abstract the medical records were not certified registrars and were often unfamiliar with the VQI registry data elements and requirements.
- Abstraction was not a high priority because it was a part-time responsibility.
- Surgeons sometimes waited weeks to receive the abstracted forms and still had to complete 30 or more data elements when the cases were no longer fresh in their minds.

Taking action

To eliminate its backlog of VQI patient registry cases and ease the documentation burden for its physicians and staff, University of Utah Health Care partnered with Q-Centrix for abstraction services from its industry-leading team of clinical data experts and registry specialists.

Q-Centrix is the leading source for clinical data management in health care, partnering with more than 1,000 hospitals and health systems to transform clinical data consistently and at scale for better outcomes across the enterprise. Through an agreement with M2S, Q-Centrix enables participating hospitals to seamlessly outsource or supplement data abstraction for the VQI registry using PATHWAYS with Q-Centrix's Q-Apps™ and services. Q-Apps features a patent-pending



The Financial Risks and Rewards *(cont'd)*

universal registry technology for managing the entire registry encounter life cycle.

As with all participating VQI centers, Q-Centrix began its engagement with University of Utah Health Care by putting together an experienced team of clinical data experts with specific vascular expertise. Most abstractors are certified medical registrars who stay current with VQI changes and updates.

The Q-Centrix team was then given access to the appropriate patient charts to document the distinct actions identified in the VQI registry requirements. The abstractors complete as much of the VQI forms as possible except for the technical operations, which must be done by the surgeons. The documentation is sent to the hospital for review before submission through PATHWAYS to the SVS PSO.

Seeing results

Q-Centrix was able to:

- Eliminate case backlogs within several weeks
- Deliver meaningful, high-fidelity, complete, and secure clinical data
- Reduce the surgeons' time spent on data entry for the registry by about 80% to 90%
- Deliver consistently high-quality data to VQI on a timely basis to optimize the value of University of Utah Health Care's participation in the registry
- Position the organization for the highest level of recognition within the VQI

Outcomes

Today, University of Utah Health Care's vascular department has no VQI case backlogs and generally submits its VQI forms within a week after the procedures. Since its surgeons now have to enter data for only 3 or 4 form items, they usually complete each case in several minutes instead of 20 to 30 minutes. "Physicians prefer to have as little interaction with the registry as possible, so reducing their time spent entering VQI data was a major benefit," said Dr. Kraiss. "And strictly from a cost-effective standpoint, the Q-Centrix services are really a bargain." Dr. Kraiss and his department are completely satisfied with the ongoing services, support and counsel they receive from the Q-Centrix team.

The Q-Centrix abstractors also have contributed to VQI by highlighting improvement opportunities for the registry that resulted in a change of practices for pre-op medications.

"Simply from a cost-effective standpoint, the Q-Centrix services are really a bargain." — Dr. Larry Kraiss

Most importantly, the affordable Q-Centrix solution ensures the submission of timely, accurate, and secure clinical data that enables University of Utah Health Care to maximize the value of its VQI participation. According to Dr. Kraiss, "The VQI gives us a granular view of the variables we need to be looking at as vascular surgeons to improve our quality of care."

Benefits Summary

With Q-Centrix as its abstraction partner for the VQI registry, University of Utah Health Care has:

- Eliminated case backlog problems and expedited submission of new cases for less than half the cost of an FTE
- Given physicians, nurses and quality managers more time to spend caring for patients or monitoring clinical quality and performance
- Enhanced the ability of the vascular surgery department to use VQI's real-time information to improve clinical processes and surgical practices
- Ensured data consistency for VQI and internal quality assurance efforts

What's Next?

University of Utah Health Care will continue to receive ongoing services and support from the industry's largest team of highly experienced clinical data experts. Through its relationship with M2S, Q-Centrix will continue to help more hospitals, health systems and physician groups gain more value from their participation in VQI registries.