10 min

Point-Counterpoint on "How Should We Accredit Vascular Labs?"

Part 1: Only Indications and Outcomes Matter - Rooke

Part 2: Good Processes Make Good Vascular Labs - Zierler

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Disclosures:

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Dr. “Counterpoint” Views Brews I’m In !!

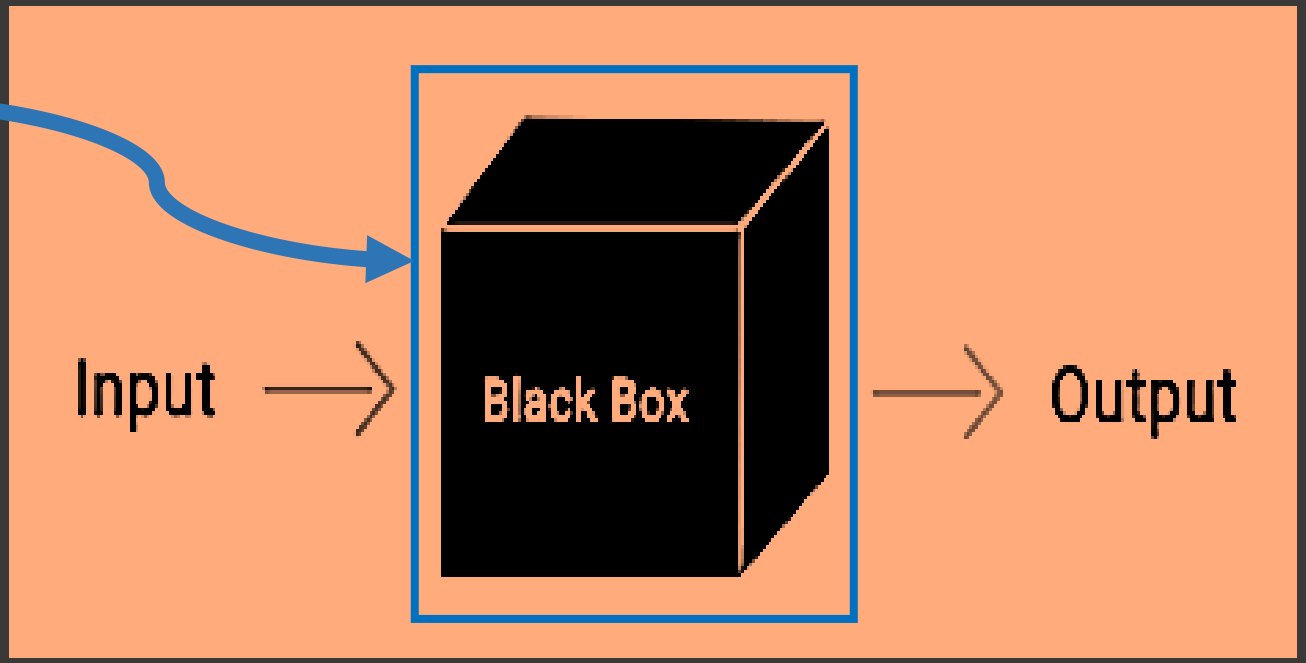
Goal(s) of Accreditation

- Recognition that the work being done by the *accreditee* is *appropriate* and *high-quality*
- Distinguish "**good**" from "**bad**" practices.

This is about "Vascular Labs," but the issues discussed here apply to virtually all entities eligible for accreditation.

Goal(s) of Accreditation

The thing we want to accredit



Vascular Laboratory

Vein Center

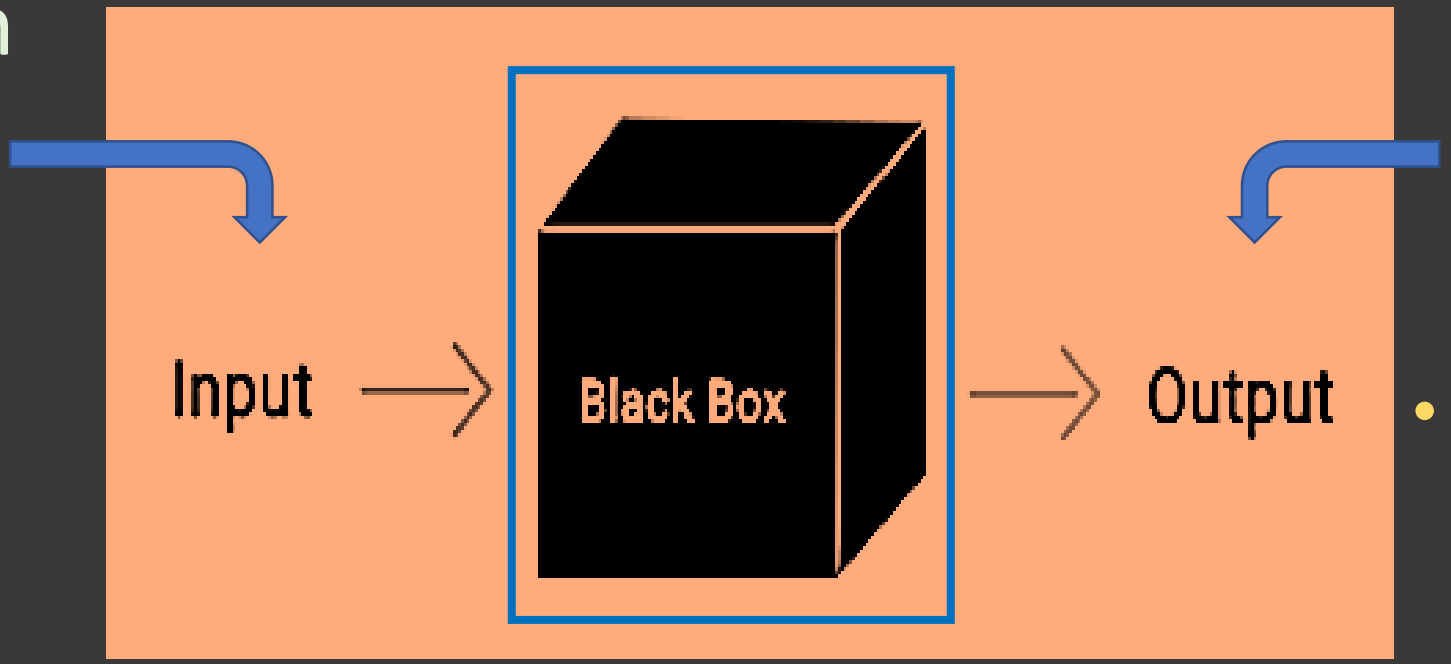
Carotid stenting facility

Other?

Goal(s) of Accreditation

Patient with vascular problem

- Arterial?
- Venous?
- Other?



Vascular Laboratory

What Happens Here?

Specific tests:

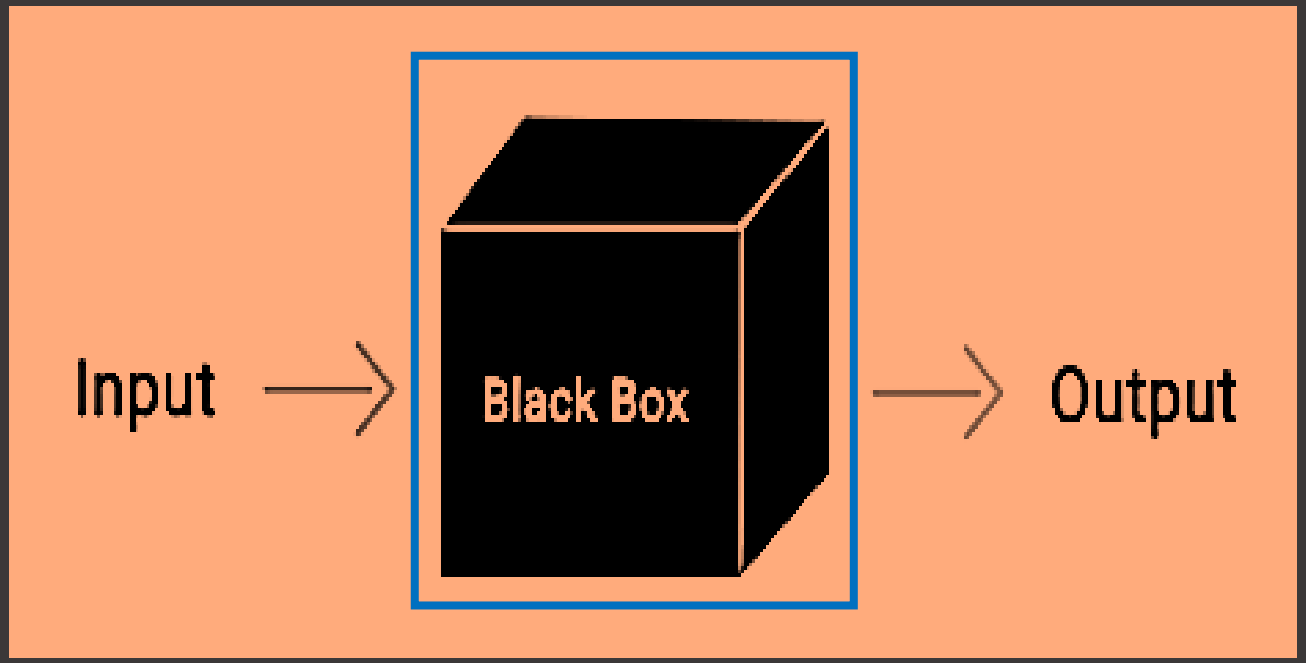
Imaging/Functional

Desired Outcome

- Accurate information
- Efficient/good patient experience
- Low cost
- Complication?
- Etc.?

How does Accreditation currently work?

Currently accredit based on things that happen in the **Black Box** (*Lab*)



We ask:

Are the *Evaluations (or Treatments)* **Appropriate** and **High-Quality**?

Don't measure

We assess based upon ***Surrogates*** for Appropriateness/Quality (Process)

- Training
- Case numbers
- Equipment

- Adherence to diagnostic criteria
- How report appears in Medical Record
- CME

Not "A/Q"

How does Accreditation currently work?

Why do we use "Surrogate" (process) measures for Appropriateness and Quality to accredit Vascular Labs:

- Relatively easy to measure/quantify
- We assume they reflect appropriateness/quality
- Non-controversial (who's against training, CME, standards, etc.?)

But are these things "***important***"?

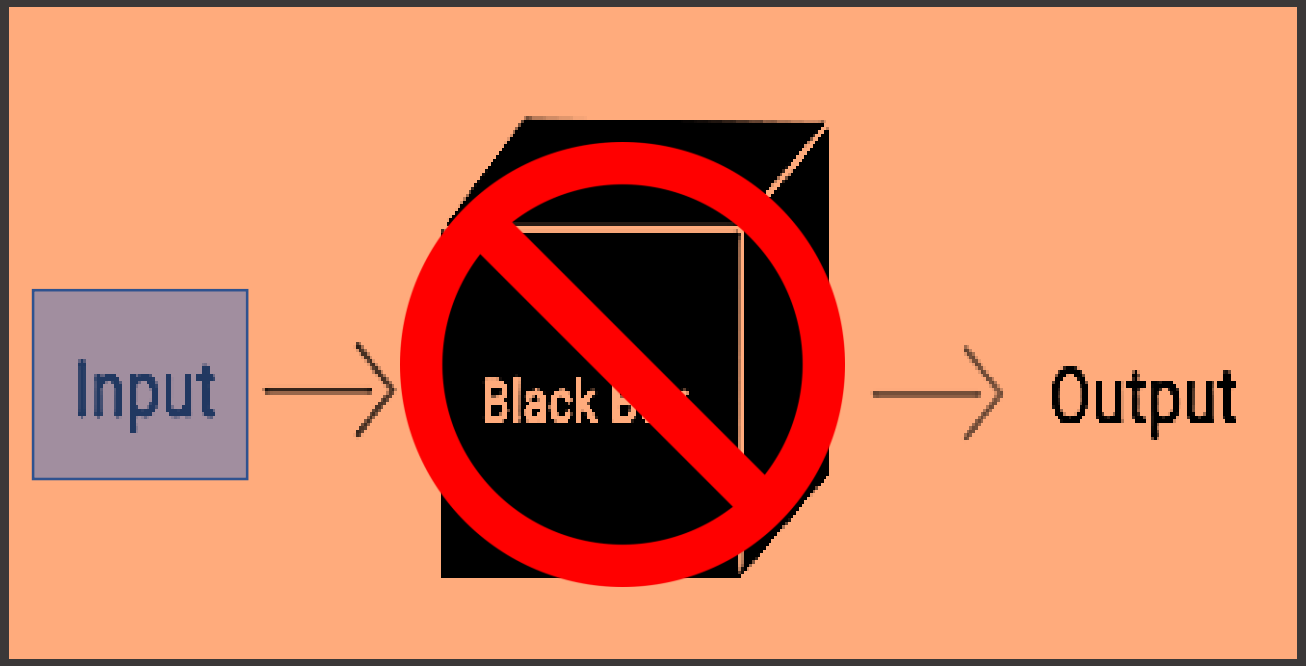
Do Surrogate measurements tell us if the work is "Good" or "Bad"?

How Accreditation *could* work?

It's easy to get a good result when you do a procedure that doesn't need doing. Start with *input*

Why is the evaluation/treatment being performed?

- Indications
- ***Appropriateness***



65-year-old with leg pain and swelling. R/O DVT – *Good*!

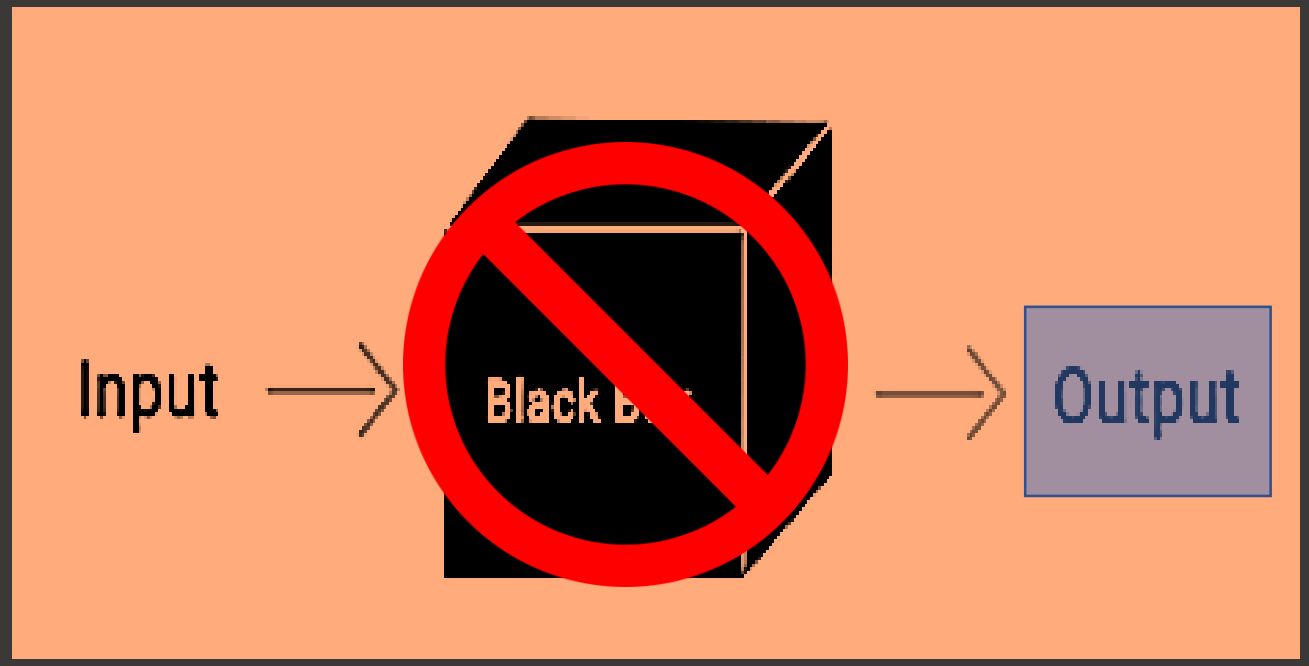
Screening 3rd graders for occult asymptomatic DVT – *Bad*!

Good Outcome ≠ Good Work

How Accreditation *could* work? Then *output*

Outcomes:

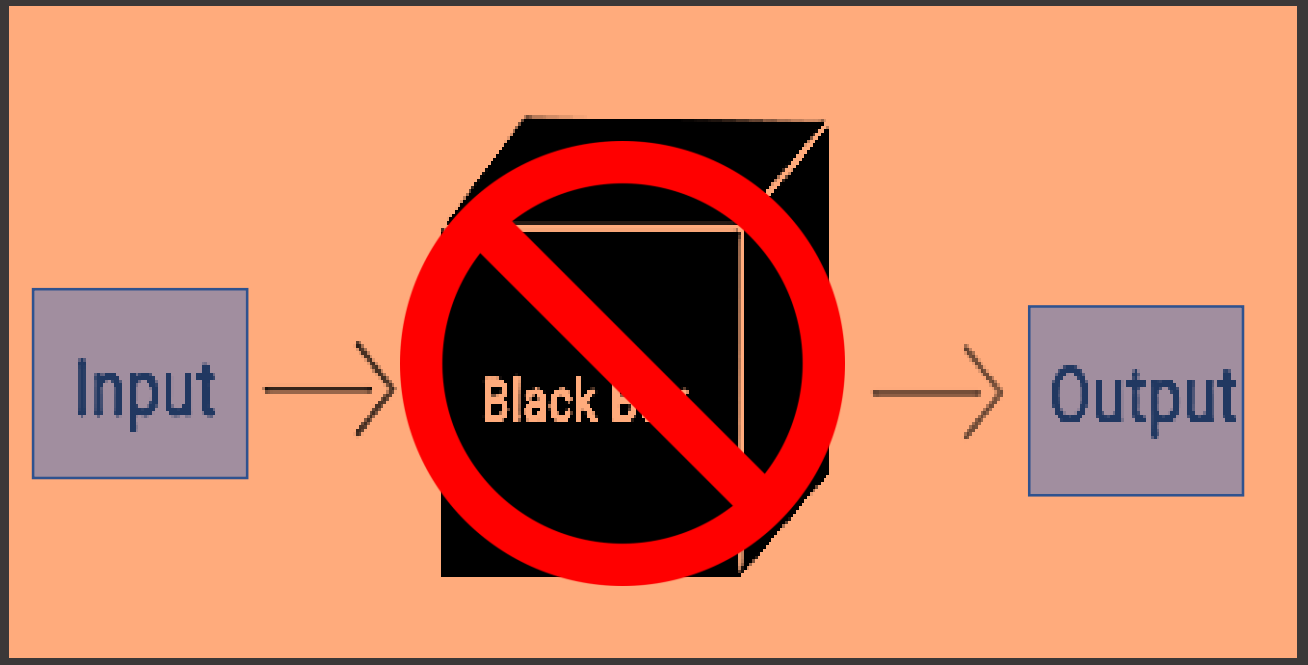
- Did it answer the question?
- Safe?
- Complications?
- Pt Experience?
- Timeliness?
- Others?



If these – and other – outcome endpoints are "***good***", the **quality** provided is objectively "***good***."

How Accreditation *could* work? My Claim:

The most ***important*** things are *Appropriateness* and *Outcomes*!



If every pt is treated for *appropriate* reasons, and every *outcome* is always perfect …

… it shouldn't matter how evaluation or treatment are done!

How Accreditation *could* work?

… in a Lab!

Indication?
Appropriate!

Outcome?
Perfect!

Does it matter?

We can use this approach for just about anything we want to accredit:

Vascular Lab/ Vein Center/ Carotid Stenting/ etc.

So why aren't we doing it this way?

Because it's ***hard*** to define/agree upon what constitutes:

- An *appropriate* indication for testing/procedures?
- A good *outcome*?

Appropriate indications for vascular testing

Already mentioned "easy" things like:

- R/O DVT in a pt with a painful, swollen leg, vs
- Screen for DVT in asymptomatic 3rd graders

But not all indications are this easy to judge:

- Calf pain after running a marathon? R/O DVT?
- Asymptomatic VVs/ Spider veins – look for reflux?
- Anyone who wants to have a study? (Screening)

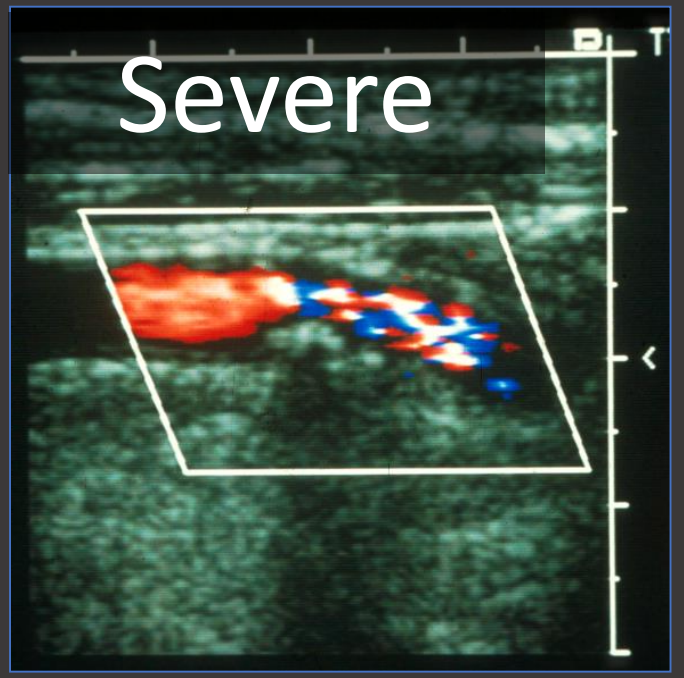
Societies (SVS) are developing criteria/guidelines

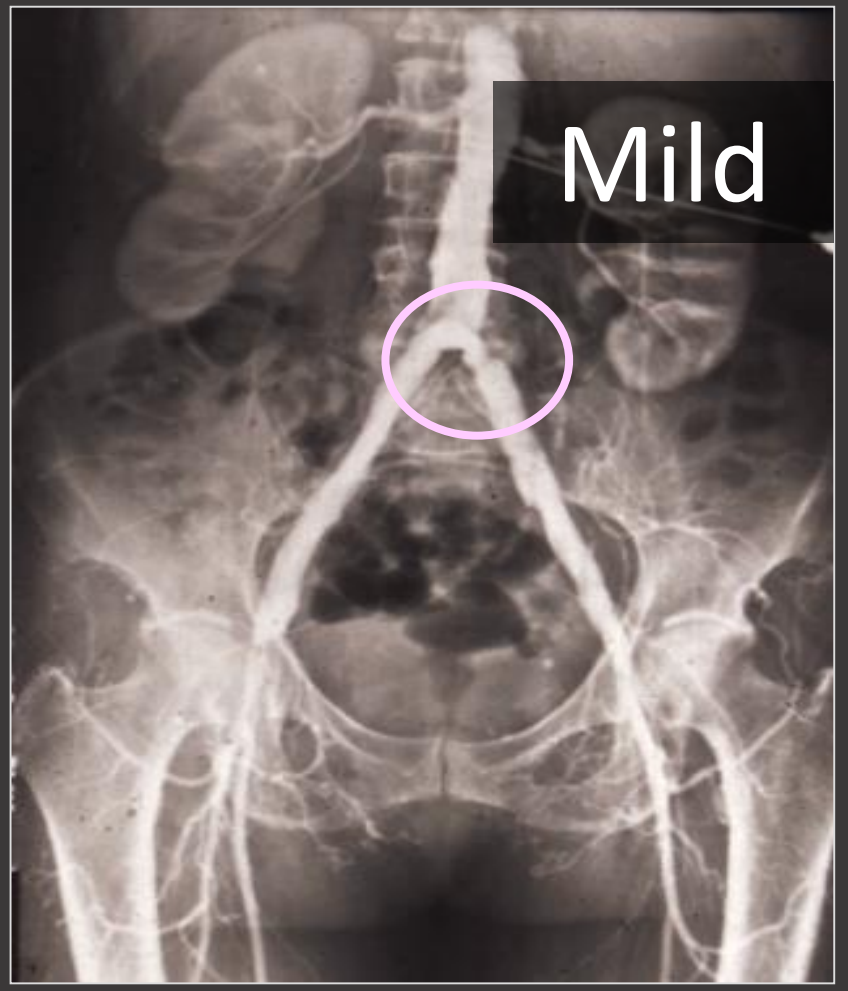
Outcomes for vascular testing – even harder!
What's a good testing outcome?

Correlation with Gold Standard? (Angio?)

Example:

What happens when anatomy and physiology don't agree?





Is this a "bad" U/S result?

Practical consideration

Here's a final, pithy observation, Gene …

When an accrediting agency receives a lab complaint, it's always:

"That money-grubbing Vascular Lab is **testing everybody who walks through the door …"** (Not appropriate)

"The lab across town does ***crummy studies*** … we always have to repeat their work …" (Poor outcome)

Nobody ever complains about:

"That lab isn't adhering to their diagnostic criteria for interpreting toe-brachial indices …" (Poor "process")

Summary: Surrogate "process" measures are lazy. They may or may not reflect the quality of the entity being accredited. And maybe people don't really care about 'em …

If you want to do meaningful accreditations, offer accreditations based on things that are meaningful.

The End

For vascular labs and other diagnostic/therapeutic entities, this means accreditation based on ***appropriate indications*** and ***quality outcomes***.