



VQI Star Ratings:

How a 10-Hospital System Reached 3 Stars at Every Site

10-Hospital Health System | Vascular Quality Initiative Registry | 2024-2025

10 of 10

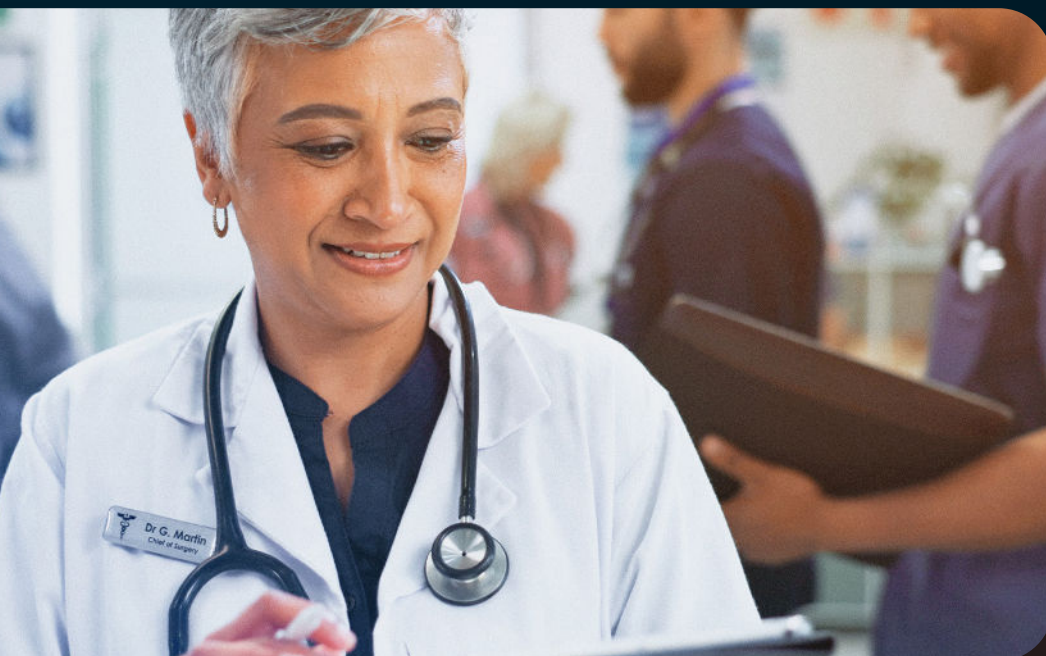
sites at 3 stars by
year-end

1 → 3

stars gained by the
lowest-rated site

8

sites upgraded from
2 to 3 stars



The Starting Point

In 2024, a 10-hospital health system operating across multiple states faced a difficult reality in its vascular program. One of its sites held a single-star rating in the Society for Vascular Surgery's Vascular Quality Initiative. Seven more sites were rated at two stars. Only two of the system's ten sites had reached three.

For a system with deep commitments to vascular care, the ratings did not reflect the quality of care being delivered. They reflected a data problem.

VQI star ratings carry real consequences. They influence a health system's standing with payers, referral partners, and the patients who choose where to receive care. A one-star or two-star rating is not simply a number; it is a signal that follows a program into every strategic conversation.

The health system recognized it needed a different approach to registry abstraction and follow-up. It brought in Carta Healthcare for all 10 sites.



The Work Carta Healthcare Did

Carta Healthcare deployed its clinical data abstraction team across every site in the health system's VQI program. The work was substantive and methodical across the two dimensions VQI uses to measure program quality where abstraction matters most.

The first dimension was long-term follow-up. Long-term follow-up accounts for 40% of a site's star rating, making it the single largest factor in the assessment. It is also, historically, one of the most difficult areas for health systems to execute consistently. Carta Healthcare built and maintained an active follow-up program at all 10 sites, contacting patients and capturing the outcomes data the registry requires. When follow-up rates improve, compliance scores improve with them.

The second dimension was data quality in support of quality improvement activities. QI activities account for 25% of the star rating. The connection between abstraction quality and QI performance is direct: a program can only document and demonstrate QI activities effectively when the underlying data is complete, accurate, and structured correctly. Carta Healthcare's abstractors produced that data across all 10 sites.

“ The quality of the abstracted data is what made it possible to document and prove what we were actually doing.



How VQI Star Ratings Are Determined

VQI assesses participating sites across four weighted categories. Carta Healthcare's work directly supports the two categories that account for 65% of the total rating.

| Rating Category | Weight | Carta Healthcare Role |
|---------------------------------------|------------|---|
| Long-Term Follow-Up | 40% | Active follow-up program with patient outreach and outcomes capture |
| Meeting Attendance | 30% | Health system responsibility |
| Quality Improvement Activities | 25% | Abstracted data substantiates QI documentation |
| VQI Modules Participation | 5% | Full module coverage abstracted across all sites |



The First Result, and the Turning Point

When the health system received its 2025 VQI performance reports, the picture had already shifted meaningfully. The site that began the year at one star had jumped to three stars. One of the sites that had been at two stars had moved to three. And the two sites that started at three stars held their position.

That left five sites still rated at two stars on the initial 2025 assessment. Two stars meets the threshold for VQI's Commitment to Vascular Quality Improvement recognition, and it is a credible rating. But the VQI program leader reviewed the scores and pushed back. The QI activities being conducted at those five sites were not fully reflected in the assessment, and the abstracted record showed it.

The program leader returned to the registry body with a direct challenge. The documentation and supporting data were resubmitted for review, drawing on the abstracted records produced by Carta Healthcare's team. The registry body reviewed the submission. Each of the five sites was upgraded to three stars. **By the end of the 2025 cycle, every one of the system's 10 sites had reached three stars.**

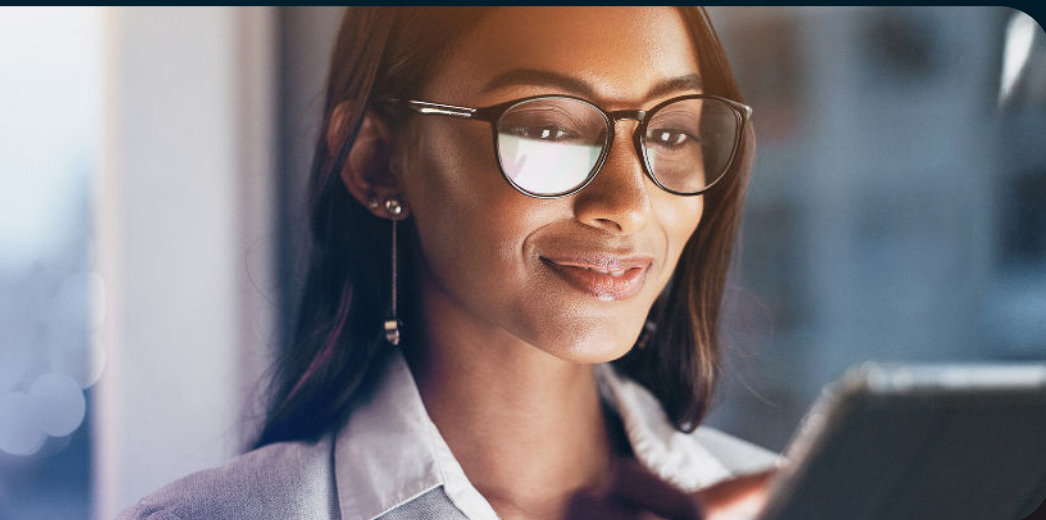
“ The five sites were reclassified at three stars after the health system demonstrated the depth and documentation of its QI activities, made possible by the quality of Carta Healthcare's abstraction work.



The Ratings, Site by Site

The progression below reflects the ten sites in the system across the 2024 baseline rating, the initial 2025 rating, and the final 2025 rating after registry review.

| Site | 2024 Rating | 2025 Initial Rating | 2025 Final Rating |
|--------|-------------|---------------------|-------------------|
| Site A | 1 | 3 | 3 |
| Site B | 3 | 3 | 3 |
| Site C | 2 | 2 | 3 |
| Site D | 2 | 3 | 3 |
| Site E | 2 | 2 | 3 |
| Site F | 3 | 3 | 3 |
| Site G | 2 | 2 | 3 |
| Site H | 2 | 2 | 3 |
| Site I | 2 | 2 | 3 |
| Site J | 2 | 2 | 3 |



What Changed and Why It Mattered

The path from a one-star site, seven two-star sites, and two three-star sites to a system where every site reached three stars was not a shortcut. It was the result of doing the abstraction work correctly, consistently, and at a level of clinical accuracy that made it possible to demonstrate quality improvement activities with credibility.

The health system had the clinical activity. What it was missing was the data infrastructure to prove it. Carta Healthcare provided that infrastructure, not through technology alone, but through expert human abstractors who understood what VQI requires and built the documentation record to match.

Long-term follow-up compliance improved because Carta Healthcare ran an active follow-up program, not a passive one. QI activity scores improved because the underlying abstracted data gave the program leader something concrete to take back to the registry. And the sites that began the year at three stars maintained that position, because the same standard of abstraction supported the documentation they relied on.

Stars affect reputation, referral volume, and the strategic position of a vascular program within a competitive market. Every site that moved up did so because the evidence supported the upgrade, and the evidence existed because the abstraction was done right.



The Result:

A 10-hospital health system entered 2024 with a single site rated at one star and most of its remaining sites at two stars. By the end of the 2025 cycle, every site in the system had reached three stars. **The system did not change the care it was delivering. It gained the abstraction and documentation infrastructure to prove what was already happening.**